

REASSURE 3.0

Prospectus

1. Policy Design

- 1.1.1.** ReAssure 3.0 can be issued to individual customer(s) or to a family with up to 5 children (refer to as family floater).
- 1.1.2.** This policy covers persons in the age group 91 days and above. The minimum entry age for adult is 18 years and for dependent child is 91 days. The maximum entry age limit for adults in this product is 99 years. The maximum entry age allowed for dependent child is 30 years.
- 1.1.3.** There is no maximum cover ceasing age on renewals.
- 1.1.4.** Relationships allowed with the Proposer: self, spouse, mother, father, mother-in-law, father-in-law, son, daughter, employer-employee
- 1.1.5.** Relationship with proposer where proposer is Employer- Employee, Employee's Spouse, Employee's Son, Employee's Daughter, Employee's Father, Employee's Mother, Employee's Father-in-Law, Employee's Mother-in-Law,
- 1.1.6.** In an Individual policy and a family floater, maximum up to 6 members can be included in a single policy.
- 1.1.7.** Your premium depends upon your age, variant opted, base sum insured opted, no. of years of pre-existing waiting period left in the policy and the Zone you live in.
- 1.1.8. Family Discount:** 10% discount on premium if 2 or more members are covered under an individual policy.
- 1.1.9. Term discount:** The default policy term for all plans is one year. Two, three four and five year policy term options are also available under the product. The level of discount is as below:
- 2-year term:10% on the premium for second policy year
 - 3-year term: 12.5% on the premium for third policy year + 10% on the premium for second policy year
 - 4-year term: 12.5% on the premium for fourth policy year + 12.5% on the premium for third policy year + 10% on the premium for second policy year
 - 5-year term: 12.5% on the premium for fifth policy year + 12.5% on the premium for fourth policy year + 12.5% on the premium for third policy year + 10% on the premium for second policy year
- Term Discount is not applicable if premium is paid via Monthly, Half Yearly or Quarterly Instalments.
- 1.1.10. Staff Discount:** A discount of 10% on the policy premium (inception & renewals) to Niva Bupa employees
- 1.1.11. Standing Instruction Discount:** 2.5% discount on premium if standing instruction for renewal is provided and the policy is renewed using the same.
- 1.1.12. Doctor Discount:** 5% discount on premium if an Insured Person is a certified Medical Practitioner. The discount is applied on Individual premium in individual plans and on the floater policy premium in floater plans.
- 1.1.13. Digital Discount:** 5% digital discount at the time of buying the policy and subsequent renewals, if the policy is bought through an online public portal
- 1.1.14. Live Healthy:** up to 30% Discount at renewals.
- 1.1.15. Early Renewal Discount:** 2.5% discount on every renewal will be given, if you renew with us early. Either of Standing Instruction or Early Renewal discount will be given.

1.1.16. Discount in Lieu of Commission: we will offer a discount of up to 14% at new business and renewal in lieu of commission

1.1.17. Pre-Issuance Preventive test discount: If a preventive test is taken from our mobile app, and post which the consumer buys the policy- we will offer a 10% discount on the new business premium and refund the amount paid for Pre-Issuance preventive test.

1.1.18. NRI discount: A 15% discount will be offered on a policy level at new business & renewal if all the members covered classify and declare themselves as NRI at both new business & renewal.

1.1.19. IRDAI 2047 vision benefit: In order to promote the IRDAI 2047 vision- every Indian has access to health insurance, we will offer 10% of the premium paid to buy the policy as Cash-Bag+ to the consumer. This benefit, will be offered for limited time period across some or all channels.

2. Sum Insured(s)

The product offers you so much more! More benefits, More options and More Sum Insured. Sum Insured will be utilized as per following sequence in event of any claim:

1. Base Sum Insured
2. Booster+ Sum Insured
3. ReAssure+

3. Benefits available under the policy.

Different benefits have different limits or Sum Insured. A limit or Sum Insured is our maximum liability (basically this is the maximum claim we will pay) under the benefit. These limits & Sum Insured will be mentioned in your Policy Schedule.

3.1. Expenses in reaching a Hospital

3.1.1. Road Ambulance: We will pay you up to the mentioned limit in your policy.

3.1.2. Air Ambulance: Only in case of Emergency per hospitalization.

Note: This will be paid only if claim for Expenses during hospitalization is paid by us. You must always use a registered ambulance / air ambulance provider.

3.2. Expenses during Hospitalization

3.2.1. We will pay the expenses incurred by you on treatment (Naturally this excludes expenses not linked to treatment like food, beverage, toiletries and cosmetics). Basis the plan you choose; the hospital room (like single private room, general ward, twin sharing) you are eligible for will get fixed. Choose the option that matches your lifestyle, pocket and comfort needs.

- Admitted for **2 hours or more** (minimum 24 hours for AYUSH treatment in a AYUSH Hospital)

Note:

- **Cataract: Classic & Select Variant covers only Mono-focal Lens.**
- **We will NOT pay, even if you were hospitalized, if there was no treatment and only investigations were done. Examples: MRI, CT Scan, Endoscopy, Colonoscopy etc.**
- **We will NOT pay for Automation machine for peritoneal dialysis**
- **If you choose a room outside your plan's category, the Copayment (as per Annexure V) will apply on the entire claim.**

3.2.2. We pay for the below specified Modern treatments, up to what your plan covers,

1. Uterine Artery Embolization and HIFU (High intensity focused ultrasound)	2. Immunotherapy- Monoclonal Antibody to be given as injection	3. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)	4. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions
5. Balloon Sinuplasty	6. Oral Chemotherapy	7. Robotic surgeries	8. Stereotactic radio Surgeries
9. Deep Brain stimulation	10. Intra vitreal injections	11. Bronchical Thermoplasty	12. IONM - (Intra Operative Neuro Monitoring)

3.3. Expenses before and after hospitalization (Pre & Post hospitalization)

We will pay expenses incurred on consultations, medicines, physiotherapy, diagnostic tests for 60 days before the date of admission and 180 days after date of discharge **IF these are related** to the condition for which hospitalization claim is paid.

3.4. Home Care / Domiciliary Treatment

Home Care Treatment means treatment availed by the insured person at home which in normal course would require care and treatment at a hospital but is actually taken at home provided that:

- 3.4.1.** The medical practitioner advises the insured person to undergo treatment at home
- 3.4.2.** There is continuous active line of treatment with monitoring of health status by a medical practitioner for each day through the duration of the home care treatment
- 3.4.3.** Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained

Note:

- We will pay for Pre & Post hospitalization benefit as per section 4.3 for Home Care / Domiciliary Treatment.
- **We pay for peritoneal dialysis, Chemotherapy taken at home.**
- **We do NOT pay for any Medical & ambulatory devices used at home** (like Pulse Oxymeter, BP monitors, Sugar monitors, automation device for peritoneal dialysis, CPAP, BiPAP, Crutches, wheel chair etc.)

3.5. Organ donor

If you ever undergo an organ transplant, we will pay the hospitalization expenses of the donor for harvesting the organ, **ONLY** when your Hospitalization claim is paid.

If you donate any of your organs, we will pay for the expenses for harvesting the organ from you. We respect this noble deed. Remember, **organ donation saves many lives.**

3.6. ReAssure Forever

The first paid claim in the life of the policy triggers ReAssure “Forever”. Once Triggered it stays for life, provided that the policy is renewed without break.

Note:

- **Maximum amount ReAssure Forever pays for any single claim is up to Base Sum Insured.**
- We will consider a claim, if it is paid under the following: **Expenses in reaching a Hospital, Expenses during Hospitalization, Expenses before and after hospitalization, Home Care / Domiciliary Treatment, Organ Donor.**

- Expenses in reaching a Hospital and Expenses before and after hospitalization for the 1st ever hospitalization will be treated as the 1st claim itself.
- Applies only for policies where “Unlimited Sum Insured” option is not opted.

Illustration:

Year 1: Once the Policy is bought.

Base Sum Insured	1st paid Claim	ReAssure Forever is triggered (Equal to Base Sum Insured)	Balance Base Sum Insured	2nd payable claim	Claim amount paid	Balance Base Sum Insured	3rd Payable claim	Claim amount paid
10 Lakh	7 Lakh		3 Lakh	12 Lakh	12 Lakh (3 Lakh from Base Sum Insured and 9 Lakh from ReAssure Forever)	Nil	11 Lakh	10 Lakh from ReAssure Forever

Year 1: Once the Policy is bought.

Base Sum Insured	ReAssure Forever is already triggered	1st Claim Paid	Balance Base Sum Insured	2nd payable claim	Claim amount paid	Balance Base Sum Insured	3rd Payable claim	Claim amount paid
10 Lakh	10 Lakh	15 Lakh 10 Lakhs from Base Sum Insured and 5 Lakhs from ReAssure Forever	Nil	12 Lakh	10 Lakh ReAssure Forever	Nil	10 Lakh ReAssure Forever	10 Lakh from ReAssure Forever (this 10 Lakh will trigger unlimited times)

3.7. Lock the Clock: Your age is locked at entry when you buy the policy, till a claim is paid.

E.g. if you buy the policy at 25 years, you will keep paying the premium applicable for a 25 year old as per your vintage at each renewal, till a claim is paid in the policy. Post the claim is paid, the premium charged will be as per your current age and will continue to change as per applicable vintage and age at each renewal.

Note:

- In case of multi tenure policies, the premium for the entire tenure will be charged as per the entry age. If a claim is taken in the middle, the age will unlock for the remainder of the tenure and additional premium will be charged. This additional premium will be adjusted from the claim payout. If no claim is taken, then at renewal the premiums will be charged as per the entry age and & pre-existing waiting periods completed. Additional premium will be charged for the remaining one year tenures left. For example, for a 3 year policy, if a claim is incurred in first year, additional premium will only be charged for year 2 and year 3.
- If you add a member to the floater plan, then the premiums will be charged as per the entry age of the eldest member and will lock the premium at that age, till a claim is paid.
- If you add a member to an individual plan and convert it into a Floater plan, then the premiums will be charged as per the entry age of the eldest member and will lock the premium at that age, till a claim is paid.
- If the eldest member is no longer part of the Floater plan, then the Floater premium will be calculated as per the original entry age of the eldest member in the policy amongst the remaining members and lock at that age, till a claim is paid.
- If a floater plan, splits into multiple policies, then we will carry forward the locked age at which the floater policies were taken by individuals (as per the claim history) in the policies carried forward, till a claim is paid.
- In a multi individual policy, the age will unlock only for the individuals who claim.
- In a floater policy, if a claim is paid for anyone in the plan then we will unlock the age for the entire policy.
- We will consider a claim, if a claim is paid under the following: **Expenses in reaching a Hospital, Expenses during Hospitalization, Expenses before and after hospitalization, Home Care / Domiciliary Treatment, Organ Donor, Borderless, Borderless for Specified Illness.**

3.8. Booster+

Don't lose what you don't use.

Unutilized Base Sum Insured carries forward. Maximum it will accumulate up 10 times (based on the plan you have chosen) of the Base Sum Insured.

Example: If you have chosen Base Sum Insured of INR 10 lakh and Elite Variant, then at the end of 10 years (if you have made no claims in these years) you will have

1.10 Crore Sum Insured (that is 10 Lakh base + 1 Crore Booster+). Don't forget that you would have the ReAssure "Forever" (in case of claim) over and above the 1.10 Crore.

That's 11 times of Sum Insured than what you paid for.

Note:

- If you convert an Individual Sum Insured policy in any manner, into a floater plan, then the least of the Booster+ Sum Insured of individual insured members will be carried forward to the floater plan.
- If a floater plan, splits into multiple policies, then the Booster+ Sum Insured of floater plan will be carried forward to the split policies, provided the Base Sum Insured is not reduced.
- If you reduce the Base Sum Insured, Booster+ Sum Insured will be proportionately reduced. Let's say if you reduce the current INR 10 lakh Sum Insured to INR 5 lakh, your Booster+ Sum Insured will be halved.
- You can and should regularly increase Sum Insured of your Health insurance policy. Medical inflation is a reality and current Sum Insured will fall short in future for advanced treatments. When you enhance your Sum Insured, the accumulated Booster+ Sum Insured will continue and grow even more (remember Booster+ is up to maximum 10 times of the Base Sum Insured. Higher the Base Sum insured higher the Booster+ Sum Insured).

3.9. Live Healthy

Simply walk and earn up to 30% discount at renewal, by downloading the recommended mobile App and get your Health points. 1000 steps will help you earn one health point!

Note: Discount is on the individual's premium in Individual plan and on Floater Policy Premium in Floater plans. Discount will be considered only for Insured's 18 years and above.

Renewal discount is computed based on the health score on 90 days before the due date of renewal. These points are not lost and will be considered for the next policy year.

Policy Period: 1 year

Policy Start Date	End of 9 months	Points at the end of 9 months (A) This will be considered for discount on the first renewal.	Points in next 3 months (B)	Total points considered for discount (A + B) from 2nd Policy Period onwards	Discount on renewal premium (Renewal policy start date 1st April 2025) NOTE: Discount applicable on the member's premium in Individual sum insured policies and on the Policy premium in case of Floater	
					Individual sum insured policy and Floater policies with 1 Adult	Floater policies with more than 1 Adult
1 April 2023	31 st December 2023	Up to 1500			0%	0%
		1501 - 2250			5%	2.5%
		2251 - 3000			15%	7.5%
		3001 - 3750			20%	10%
		>=3751			30%	15%

Policy Period: 2 year

Policy Start Date	End of 9 months	Points at the end of 9 months (A) This will be considered for discount on the first renewal.	Points in next 3 months (B)	Total points considered for discount (A + B) from 2nd Policy Period onwards	Discount on renewal premium (Renewal policy start date 1st April 2025) NOTE: Discount applicable on the member's premium in Individual sum insured policies and on the Policy premium in case of Floater	
					Individual sum insured policy and Floater policies with 1 Adult	Floater policies with more than 1 Adult
1 April 2023	31st December 2024	Up to 3000			0%	0%
		3001 - 4500			5%	2.5%
		4501 - 6000			15%	7.5%
		6001 - 7500			20%	10%
		>=7501			30%	15%

Policy Period: 3 year

Policy Start Date	End of 9 months	Points at the end of 9 months (A) This will be considered for discount on the first renewal.	Points in next 3 months (B)	Total points considered for discount (A + B) from 2nd Policy Period onwards	Discount on renewal premium (Renewal policy start date 1st April 2025) NOTE: Discount applicable on the member's premium in Individual sum insured policies and on the Policy premium in case of Floater	
					Individual sum insured policy and Floater policies with 1 Adult	Floater policies with more than 1 Adult
1 April 2023	31st December 2025	Up to 4500			0%	0%
		4501 - 6750			5%	2.5%
		6751 - 9000			15%	7.5%
		9001 - 11250			20%	10%
		>=11251			30%	15%

Policy Period: 4 year

Policy Start Date	End of 9 months	Points at the end of 9 months (A) This will be considered for discount on the first renewal.	Points in next 3 months (B)	Total points considered for discount (A + B) from 2nd Policy Period onwards	Discount on renewal premium (Renewal policy start date 1st April 2025)	
					Individual sum insured policy and Floater policies with 1 Adult	Floater policies with more than 1 Adult
1 April 2023	31st December 2026	Up to 6000			0%	0%
		6001 - 9000			5%	2.5%
		9001 - 12000			15%	7.5%
		12001 - 15000			20%	10%
		>=15000			30%	15%

Policy Period: 5 year

Policy Start Date	End of 9 months	Points at the end of 9 months (A) This will be considered for discount on the first renewal.	Points in next 3 months (B)	Total points considered for discount (A + B) from 2nd Policy Period onwards	Discount on renewal premium (Renewal policy start date 1st April 2025)	
					Individual sum insured policy and Floater policies with 1 Adult	Floater policies with more than 1 Adult
1 April 2023	31st December 2027	Up to 7500			0%	0%
		7501 - 11250			5%	2.5%
		11251 - 15000			15%	7.5%
		15001 - 18750			20%	10%
		>=18751			30%	15%

3.10. Surprise Benefit

Buy the plan, download the app. and unlock a HEALTH SURPRISE! Use this for a variety of health related services and benefits like specialist consultations, ambulance booking, condition management programs, health risk assessments, diagnostics, pharmacies available right on the app.

Note: Download Niva Bupa App or Approved partner apps by Niva Bupa

3.11. Second Medical Opinion

You can take a second medical opinion from our panel of specialists & super specialists for any condition diagnosed and / or treatment prescribed. We will facilitate this through our empaneled partner and we will pay for it. You can take second medical opinion for unlimited number of conditions / prescribed treatments in a policy year.

3.12. e-Consultation

You can take Unlimited e-consultations from our Partners.

Optional Benefit:

3.13. Hospital Daily Cash

We will pay for an Insured, an additional fixed amount for each day's hospitalization for maximum up to 30 days. One day is considered as 24 continuous hours of continuous hospitalization. We will pay this if we have paid for Expenses during hospitalization in the policy.

3.14. Personal Accident

3.14.1. Accidental Death (AD)

In event of unfortunate demise of the insured within 365 days from the date of the Accident, within the Policy Period, we will pay the Sum Insured.

The Personal accident benefit will terminate after the Accidental Death benefit is paid for.

3.14.2. Permanent Total Disability

If the Insured Person suffers Permanent Total Disability, within 365 days from the date of the Accident, within the Policy Period, we will pay the benefit as per the below Table

Condition for Permanent Total Disability	% of Accidental Death Sum Insured
Complete & Irrecoverable loss of : <ul style="list-style-type: none"> • Any 2 Limbs • Sight of both eyes • Speech & hearing of both Ears • Combination of One Limb & Sight of One Eye 	125%
Complete & Irrecoverable loss of : <ul style="list-style-type: none"> • 1 Limb • Sight of 1 Eye 	50%

- a. Complete & Irrecoverable loss of limb means physical separation or complete loss of functionality of the limb, within 365 days from the date of the Accident. This will include Paralysis including Paraplegia, Quadriplegia with loss of functional use of limb.

The Personal accident benefit will terminate after the Permanent Total Disability benefit is paid for.

3.14.3. Permanent Partial Disability

- a. If the Insured Person suffers a Permanent Partial Disability, within 365 days from the date of the Accident, within the Policy Period, we will pay the benefit as per the below Table.

Condition for Permanent Partial Disability	% of Accidental Death Sum Insured
Each arm at the shoulder joint	70%
Each arm to a point above elbow joint	65%
Each arm below elbow joint	50%
Each hand at the wrist	50%
Each Thumb	20%
Each Index Finger	10%
Each other Finger	5%
Each leg above center of the femur	70%
Each leg up to a point below the femur	65%
Each leg to a point below the knee	50%
Each foot at the ankle	40%
Each big toe	5%
Each other toe	2%
Each eye	50%
Hearing in each ear	30%
Sense of smell	10%
Sense of taste	5%

- b. If a Permanent Partial Disability loss is not mentioned in the table above, then we will internally assess the degree of disablement and determine the amount of payment to be made.
- c. If there is more than one Permanent Partial Disability loss, then the total claim amount put together for all losses will not exceed the total Accidental Death Sum Insured opted. Once Total Sum Insured is paid, the policy will lapse.

3.15. Personal Accident (Lite)

3.15.1. Accidental Death (AD)

In event of unfortunate demise of the insured within 365 days from the date of the Accident, within the Policy Period, we will pay the Sum Insured.

The Personal accident (Lite) benefit will terminate after the Accidental Death benefit is paid for.

3.16. Personal Accident (Pro)

3.16.1. Accidental Death (AD)

In event of unfortunate demise of the insured within 365 days from the date of the Accident, within the Policy Period, we will pay the Sum Insured.

The Personal accident (Pro) benefit will terminate after the Accidental Death benefit is paid for.

3.16.2. Permanent Total Disability

If the Insured Person suffers Permanent Total Disability, within 365 days from the date of the Accident, within the Policy Period, we will pay the benefit as per the below Table

Condition for Permanent Total Disability	% of Accidental Death Sum Insured
Complete & Irrecoverable loss of : <ul style="list-style-type: none"> • Any 2 Limbs • Sight of both eyes • Speech & hearing of both Ears • Combination of One Limb & Sight of One Eye 	125%
Complete & Irrecoverable loss of : 1 Limb Sight of 1 Eye	50%

- b. Complete & Irrecoverable loss of limb means physical separation or complete loss of functionality of the limb, within 365 days from the date of the Accident. This will include Paralysis including Paraplegia, Quadriplegia with loss of functional use of limb.

The Personal accident benefit will terminate after the Permanent Total Disability benefit is paid for.

3.16.3. Permanent Partial Disability

- d. If the Insured Person suffers a Permanent Partial Disability, within 365 days from the date of the Accident, within the Policy Period, we will pay the benefit as per the below Table.

Condition for Permanent Partial Disability	% of Accidental Death Sum Insured
Each arm at the shoulder joint	70%
Each arm to a point above elbow joint	65%
Each arm below elbow joint	50%
Each hand at the wrist	50%
Each Thumb	20%
Each Index Finger	10%
Each other Finger	5%
Each leg above center of the femur	70%
Each leg up to a point below the femur	65%
Each leg to a point below the knee	50%
Each foot at the ankle	40%
Each big toe	5%
Each other toe	2%
Each eye	50%
Hearing in each ear	30%
Sense of smell	10%
Sense of taste	5%

3.17. Claim Safeguard+

We will cover non-payable items mentioned in **'List I, II, III, IV of Annexure I**. Clause 2.1.37 (of the policy wordings) for Reasonable and Customary Charges will still apply.

3.18. Annual Aggregate Deductible

This is an aggregate amount in a year that is incurred by you on Expenses in reaching a Hospital, Expenses during Hospitalization, Expenses before and after hospitalization, Home Care / Domiciliary Treatment, Organ Donor, which we will **NOT** pay. Once the total expense exceeds this amount, balance we will pay.

Note:

- Deductible amount borne by you should also be payable as per policy terms and conditions.
- Deductible will **NOT** apply to Annual Health Check-up, Live Healthy, Second Medical Opinion, Shared Accommodation Cash, e-consultation, Personal Accident, Hospital Daily Cash benefits.
- **Co-Payment & Annual Aggregate Deductible cannot be opted together.**

3.19. Co-Payment:

It is the percentage of admissible claim amount You would have to bear for every claim, Rest we will pay.

Note: Co-payment will NOT apply to Annual Health Check-up, Live Healthy, Second Medical Opinion, Shared Accommodation Cash, e-consultation, Personal Accident, Hospital Daily Cash benefits.

Co-Payment & Annual Aggregate Deductible cannot be opted together

3.20. Pre-Existing Disease Waiting Time Modification

You can choose to reduce or increase the Pre-Existing Disease waiting time.

NOTE: This can only available at the time of buying the policy and cannot be opted/modified/removed at renewal

3.21. Specific Disease Waiting Time Modification

You can choose to reduce or increase the Specific Disease waiting time.

NOTE: This can only available at the time of buying the policy and cannot be opted/modified/removed at renewal

3.22. Annual Health Checkup (Cashless Only)

Available once every Policy Year, from day 1 of the policy. The tests MUST be booked through our digital assets (e.g. Mobile App). This benefit is available ONLY on cashless and no re-imburement is allowed.

Note:

- If you undergo multiple tests, make sure that all these are done within 7 days.
- All Packages as per variant are mentioned in Annexure III
- Annual Health Checkup (Cashless Only), Annual Health Checkup (Cashless + Reimbursement), and Niv-aBupaOne cannot be opted together.

3.23. Annual Health Checkup (Cashless + Reimbursement)

Available once every Policy Year, from day 1 of the policy. The tests MUST be booked through our digital assets (e.g. Mobile App). This benefit is available on cashless and re-imburement basis.

Note:

- If you undergo multiple tests, make sure that all these are done within 7 days.
- All Packages as per variant are mentioned in Annexure III
- Annual Health Checkup (Cashless Only), Annual Health Checkup (Cashless + Reimbursement), and Niv-aBupaOne cannot be opted together.

3.24. Cash-Bag+:

For each claim free year get an amount equal to 10% of the premium to be paid on 1st Renewal and 5% thereafter on each renewal from 2nd renewal onwards.

Get an additional 10% on the Accumulated Cash-Bag+ amount in a block of every 3 years.

All this Accumulated amount can be used for OPD, pay for deductibles, pay for co-payment, Non-payable items and pay premiums. This optional benefit can be accessed through our Mobile App.

Note:

- Deductibles, Co-Payments can only be paid for claims under ReAssure 3.0 Product.
- Only ReAssure 3.0 Product premium can be paid for using this Cash-Bag+
- Claims under Cash-Bag+ will not impact Booster+, Lock the Clock

3.25. NivaBupaOne

Your access to NivaBupaOne- Our Premium Club. The membership enables you to get access to an executive health check-up (Annexure III) and get fast-track priority for claims and policy services- because your time matters.

Annual Health Checkup (Cashless Only), Annual Health Checkup (Cashless + Reimbursement), and NivaBupa One cannot be opted together.

3.26. HeadsUp

You Call We Guide.

Reach us 48 hours before for any hospitalization and get treated for the informed illness/surgery at our recommended network provider (For emergency: inform us within 24 hrs of admission).

A 20% Co-payment will apply if either the treatment is taken for some other illness/surgery as informed earlier, or/and treatment is taken outside the recommended network provider, and/or if not informed within 24hr of admission.

Note: This will ONLY apply to Expenses in reaching a hospital, Expenses During Hospitalization, Expenses Before & After Hospitalization, Home Care/Domiciliary & Organ Donor.

You can either opt for Tiered network or HeadsUp Benefit in the plan.

3.27. Tiered Network

If you choose this optional benefit, then a specific list of hospitals (within our network) are only applicable for you in this policy. If any treatment is taken outside this network, then a flat 20% co-payment will be applicable to the admissible claim amount. This co-payment you would have to bear for every claim which is out of this network. Rest we will pay.

Note: This will ONLY apply to Expenses in reaching a hospital, Expenses During Hospitalization, Expenses Before & After Hospitalization, Home Care/Domiciliary & Organ Donor.

You can find the updated list of tiered network applicable to you on our website and on our Mobile App:
https://rules.nivabupa.com/hospital-network/?list_id=RA3012025

You can either opt for Tiered network or HeadsUp Benefit in the plan.

3.28. Borderless

Get emergency or planned treatments anywhere in the world. Choose from a range of co-payments options 0%, 20%, 30%, 40% & 50%

Note:

- The consumer can be diagnosed anywhere in the world and can go for treatments anywhere in the world.
- This benefit is available under cashless and reimbursement.
- The following benefits will be considered for Borderless also: Expenses in reaching a Hospital, Expenses during Hospitalization, Expenses before and after hospitalization, Organ Donor.
- Lock the clock Benefit will be impacted, if a claim is paid under this benefit.
- This optional benefit is not available to Non-Indian citizens & people who are not permanent residents of India.
- We will cover up to standard private room only.
- Borderless and Borderless for Specific Illness cannot be opted together.

3.29. Borderless for Specific Illness

Get planned treatments for these specific list of illnesses anywhere in the world.

S. No.	Specified Illness
1	Cancer
2	Myocardial Infarction (First Heart Attack of specific severity)
3	Open Chest CABG
4	Major Organ/Bone Marrow Transplant
5	Stroke Resulting in Permanent Symptoms
6	Surgery of Aorta
7	Angioplasty
8	Primary (Idiopathic) Pulmonary Hypertension
9	Brain Surgery

Note:

- The symptoms of the Specified Illness should first occur or manifest itself during the Policy Period and after completion of the 90 day from the inception of the First Policy with Us.
- The Specified Illness is diagnosed by a Medical Practitioner within India during the Policy Period and after completion of the 90 day from the inception of the First Policy with Us.
- This benefit is available under cashless and reimbursement.
- The following benefits will be considered for Borderless Specified Illness also: **Expenses in reaching a Hospital, Expenses during Hospitalization, Expenses before and after hospitalization, Organ Donor.**

- Lock the Clock Benefit will be impacted, if a claim is paid under this benefit.
- Borderless and Borderless for Specific Illness cannot be opted together.
- We will cover up to standard private room only.
- **This optional benefit is not available to Non-Indian citizens & people who are not permanent residents of India.**

3.30. Wellconsult+

Opt for Complete wellness and Out-patient benefits.

- **Tele/Video Consultation** with General Practitioners.
- **Physical Consultations** with Specialists & General Practitioner.
- **Prescribed Diagnostics**
- **Prescribed Pharmacy**
- **Dental Procedures.**
- **Ophthalmological Consultations**
- **Prescribed Physiotherapy Consultations**
- **Online sessions on Emotional Wellness.** Can be availed only through our Partner network.
- **Diet and Nutrition Coaching.** Can be availed only through our Partner network.
- Artificial Intelligence lead Smart Fitness Coaching. Can be availed only through our Partner network.
- Access to Global online content on wellness through our Partner network
- Access to **Gym memberships** on our Partner network.

Note:

- All benefits are as per limits mentioned in your policy schedule.
- Claims under WellConsult+ will not impact Booster+, Lock the Clock
- We will not pay for specialist consultation for Maternity and OPD Procedures.
- Any cosmetic Dental (like and not limited to Dentures- Removable (complete/partial), Fixed partial dentures, Invisible Aligners (Without retainers), Removable Retainers, Fixed Retainers, Essix retainer, Space maintainers) & Ophthalmological (like and not limited to cataract, eye surgery, biometry, laser, eyesight correction surgery) procedures are not covered.
- All waiting periods and exclusions will apply to this benefit.
- Reimbursement is also allowed for Tele/Video Consultations, Physical Consultations, Prescribed Diagnostics, Prescribed Pharmacy, Dental Procedures, Ophthalmological Consultation, Prescribed Physiotherapy Consultations. Flat 20% co-payment will apply in case of Reimbursement.
- This benefit is applicable only in India.

3.31. ElderOne

From friendly check-ins to helping with life's little needs. Opt for benefits for Senior Citizens.

- Regular virtual check-ins
- Community engagement (Virtual) - webinars, sessions, activities.
- Dedicated elder care relationship manager: your one stop for all Elder needs.
- Regular virtual updates to family members
- Complete assessment of the Senior Citizen premise for "Fall risk assessments"

- Regular check-ins (in-person)
- Virtual mental health sessions
- Cognitive Health Screening
- On call/virtual Support in curating travel plans and booking assistance
- “Care Concierge Desk” which will help provide discounts on services like, arrange for Bedside care taker, Home Nursing services, Doctor Home Visits, Wound Dressing Services, Medical Equipment’s at Home - Medical bed, oxygen, wheelchair, airbed etc.

Note:

- This benefit is applicable only through our network.
- This benefit can be opted for seniors (anyone 56 years and above) insured within the policy or parents/parents-in laws of the proposer not insured in the policy.
- Visit by Care managers will be for up to 1 hour
- **All waiting periods and exclusions will apply to this benefit.**
- **This benefit is applicable only in India.**

3.32. Third Medical Opinion

If you are not satisfied with the second medical opinion, should you want a third medical opinion from another specialist or super specialist in the panel, we will facilitate the same through our empaneled partner. We will pay for it. You can take the third medical opinion for as many conditions as you want in a policy year.

3.33. Second Medical Opinion-Express

Once in a Policy year, you can choose to take a second medical opinion from any Medical Practitioner. Through our partners we can help you get a second opinion from some of the most reputed doctors in the country.

Note: This benefit is applicable, only if the second medical opinion is asked for within 48 hours of hospitalization.

3.34. Medical Equipment

If you opt for this benefit, we will pay for medically necessary equipment needed for you to resume normal living post injury due to Accident.

Note:

- The Accident has to occur within the policy period.
- The devices must be Medically Necessary for Treatment and prescribed by a Medical Practitioner.
- **We will cover this, if we have paid a claim under Expenses in reaching the hospital, Expenses During Hospital, Expenses Before and After a Hospitalization, Home Care/Domiciliary, Personal Accident, Personal Accident (Lite), Personal Accident (Pro).**
- For the purpose of this benefit, **Medical Equipment** means artificial devices replacing body parts including but not limiting to artificial limbs or eyes, orthopedic braces, intra-ocular lenses, spectacles, hearing aids, dentures, artificial teeth and durable medical equipment such as wheelchair, crutches, hospital beds, traction equipment, Walkers, tri-cycles.

3.35. Emotional Wellness for Adults

Online sessions on Emotional Wellness. Can be availed only through our Partner network

3.36. Mind Wellness Counselling

Online sessions on Emotional, Mental and Mind Wellness. Can be availed only through our Partner network

3.37. Sexual Health Wellness

Online sessions on Sexual Health Wellness can be availed. only through our Partner network. This benefit is only for Adults in the policy.

3.38. Health Risk Assessment

You can take an overall online health assessment on our App, and be updated about your lifestyle and health.

3.39. Wellness for Women

Wellness that understands a woman's need.

1. Personalized Content on our Mobile App
2. Community you can interact with in a safe environment
3. Trackers, toolkits and health monitoring
4. Stress Management sessions
5. Access to Special Sections like Ayurvedic Setu for fertility, Garbh Sanskar for pregnancy, parenting tool kit, Stress management for PCOS/menopause.
6. Medical repository
7. Recorded sessions and webinars
8. Live Webinars
9. Dedicated Personal Coach
10. Special Courses like Ayurvedic tool-kit for fertility, Labour and birth for pregnancy, Parenting at different ages for Parents, Breast feeding for new born care, Coping stress management across all ages.
11. Online consults with our specialists
12. Online Yoga, Dance, Strength Training

Note:

- **All waiting periods and exclusions will apply to this benefit**
- This benefit is applicable only in India.
- This benefit is applicable only through our network.

3.40. EyeGuard

Opt for benefits for eye care and vision protection.

1. Prescription Glasses
2. Non-Prescription Sunglasses
3. Basic eye checkup on our partner network
4. Ophthalmologist consultations on our partner network
5. Additional discounts on eye surgeries on our partner network.

Note:

- **All waiting periods and exclusions will apply to this benefit**
- This benefit is applicable only through our Partner network.

- Benefits on eyewear can be availed only once during the policy year. Unused benefits would not be carried forward
- Non- Prescription glasses can only be availed if Prescription Glasses are not availed. Contact lenses are not covered.
- This benefit is applicable only in India.

3.41. Live-Fit

Optional benefits, that keep you fit, active and healthy!

1. **Diet and Nutrition Coaching.**
2. **Artificial Intelligence lead Smart Fitness Coaching.**
3. Access to workout classes across the Globe.
4. Access to **Gym memberships.**
5. Access to in –App activity Tracking (Steps, Meals, wearable integration), Health and Wellness content.

Note:

- This benefit is applicable only through our Partner network.
- This benefit is applicable only in India.
- All waiting periods and exclusions will apply to this benefit

3.42. Accident Care

The Insured Person may avail below services, from Our Partner network by reaching us through our mobile application/website or call center.

1. **ICU @Home:** In case of Permanent Total Disability, Permanent Partial Disability, and if recommended by the treating doctor, we will cover expenses for ICU at home. This includes services like General Nurse, Nursing Attendant, Physiotherapy, e-monitoring, Medical Equipment like syringe pumps, Oxygen concentrator, IV stand, DVT pump.
2. **Nursing Care at Home:** In case of Permanent Total Disability, Permanent Partial Disability. We will cover 12 hour/day and/or 24hr/day nursing services as prescribed by the treating doctor. This includes services of General Nurse or Nursing Attendant.
3. **Blood Transfusion:** In case of Permanent Total Disability, Permanent Partial Disability, and if recommended by the treating doctor, we will cover expenses for Blood Transfusion at home.
4. **Physiotherapy:** In case of Permanent Total Disability, Permanent Partial Disability, and if recommended by the treating doctor, we will cover expenses for Physiotherapy at home.
5. **Single nurse procedural visit:** In case of Permanent Total Disability, Permanent Partial Disability, and if recommended by the treating doctor, we will cover expenses for nurse visits for following procedures: Injection administration visit – Subcut/IM, Large Wound Dressing, Suppository application, RT insertion, Enema application, VACC dressing, Cannula Insertion, Urinary Catheterization, Small Wound Dressing.
6. **Financial Guidance:** in case of Accidental Death, we will offer one session with financial expert to provide investment guidance.

Note:

- We will pay for this if a claim is paid under Personal Accident, Personal Accident (Pro), Personal Accident (Lite), or claim for Accident is paid under Expenses for Reaching Hospital, Expenses During Hospitalization, Expenses Before and After a Hospitalization, Home Care/Domiciliary, Organ Donor.

3.43. Health Vouchers

Opt for Vouchers and download the app! Use this for a variety of health related services and benefits like condition management programs, consultations with specialists, access to health content etc. available right on the app.

Note: Download Niva Bupa or Approved partner apps by Niva Bupa

3.44. Critical Illness

We will pay if you get any of the critical illness mentioned in Annexure IV

Note:

- The Critical Illness first occurs and is diagnosed by a Medical Practitioner within India during the Policy Period and after completion of the 90 day from the inception of the First Policy with Us.
- The Insured Person should survive for a minimum of 30 days, post the diagnosis of critical illness.
- This benefit will only be given once in the lifetime of the consumer.

3.45. Compassionate Visit

If you are hospitalized for more than 10 consecutive days, we will pay for the economy class air ticket/railway return ticket for your immediate family member.

Note:

- Ticket will be to & fro, from the place of residence of the immediate family member.
- This applies, when the place of residence of the immediate family member and the place of residence of the Insured member is different.
- "Immediate Family member" means the Insured's Spouse, Children, Parents, and Parents-in-law.

3.46. Pre- Hospitalization Modification

You can choose to reduce or increase the number of days under Pre-Hospitalization.

NOTE: This can only available at the time of buying the policy and cannot be opted/modified/removed at renewal

3.47. Post- Hospitalization Modification

You can choose to reduce or increase the number of days under Post-Hospitalization.

NOTE: This can only available at the time of buying the policy and cannot be opted/modified/removed at renewal

3.48. Flight-Mode:

If you are a traveler and travel outside India, then you can choose to pause your policy for a maximum of 30 days in a Policy year. The coverage of the policy will be extended by the number of days you paused it for.

Note:

- This optional benefit is not available to Non-Indian citizens & people who are not permanent residents of India.
- The information (like and not limited to date of travel, proof of tickets, visa) to pause the cover should be given 48 hours before the start of the travel date.

- You need to inform us if In case you return earlier.
- If the return to India is later than 30 days after the pause was activated, the coverage shall automatically resume after 30 days irrespective of actual return date.
- If out of all members who travelled, only one or some members return to India earlier than the notified date, then the coverages shall resume from the earliest date of return to India.
- This benefit cannot be offered with International Cover, Borderless or Borderless with specified illness

3.49. Initial Wait Period Modification

You can choose to reduce the Initial Wait Period.

NOTE: This can only available at the time of buying the policy and cannot be opted/modified/removed at renewal

3.50. Vaccination Cover

We will pay for the following vaccinations through our Providers. We will pay for these vaccinations once in a policy year.

S.No	Vaccination Name
1	Influenza
2	Pneumonia
3	Cervical Cancer
4	Hepatitis B
5	Typhoid
6	BCG
7	OPV + IPV 1
8	DPT
9	Haemophilus influenzae type B
10	Tetanus
11	Rota
12	MMR
13	Hepatitis A

3.51. Convalescence Benefit

We will pay a fixed amount, if you are hospitalized continuously for more than 10 days

Note:

- We will pay this benefit, if we have paid for Expenses in reaching a Hospital, Expenses during Hospitalization, Expenses before and after hospitalization, Home Care / Domiciliary Treatment, Organ Donor.
- This will be paid only once in the lifetime of the consumer.

3.52. Dependent Accommodation Benefit

If you are continuously hospitalized for more than 10 days, we will pay a per day benefit for the Immediate family member who is you get better at the hospital. This will be paid maximum up to 10 days.

Note:

- We will pay this benefit, if we have paid for Expenses in reaching a Hospital, Expenses during Hospitalization, Expenses before and after hospitalization, Home Care / Domiciliary Treatment, Organ Donor.
- “Immediate Family member” means the Insured’s Spouse, Children, Parents, and Parents-in-law.
- We will pay for one immediate family member only.

3.53. International Cover

The following coverage under this benefit is provided outside India. The coverage under this benefit commences when the Insured Person first boards the common carrier by which it is intended that the Insured Person shall finally leave India and expires automatically on the earliest of:

- The Insured Person’s return to India; or
- Policy Period end date; or
- The expiry of 45 days per trip starting from the date of journey

1. Emergency Hospitalization

We will pay for Hospitalization until you reach a Medically Stable Condition during the Policy Period on Cashless Facility basis only provided that:

- The Hospitalization is Medically Necessary and follows the written advice of the treating Medical Practitioner.
- The Insured Person is required to be admitted in a Hospital in an Emergency when the Insured Person is outside India, but within those regions specified in the Policy Schedule.

2. Emergency medical evacuation:

When an adequate medical facility is not available proximate to the Insured Person, as determined by the Insured Person’s attending physician and agreed by Us / Our Service Provider, We/Our Service Provider will arrange and pay for ambulance services under appropriate medical supervision on Cashless Facility basis only, by an appropriate mode of transport as decided by Us / Our Service Provider’s consulting physician and patient’s attending physician to the nearest medical facility capable of providing the required care.

3. OPD cover

We will pay for Out-patient Treatment only on reimbursement basis. A 20% co-payment will apply.

4. Loss of Passport

We will pay for the cost of obtaining a new or a duplicate passport, if you lose your passport in foreign land.

5. Loss of checked-in baggage

We will pay if you lose your entire checked-in baggage in a common carrier. Our liability is up to the maximum amount mentioned in your policy, irrespective of the number of bags lost. A 20% co-payment will apply. We will pay for this benefit only in reimbursement basis.

We will not pay, if we have already paid for delayed in checked-in baggage.

6. Delay of checked-in baggage

We will pay through reimbursement only, If the check-in baggage is delayed (reasons other than detention or confiscation of the baggage by the common carrier or customs or any government or other agencies) by more than 12 hours from your arrival at the place of destination.

We will not pay, if we have already paid for Loss of Checked-in baggage.

7. **Return of mortal remains:** In the unfortunate event of death, we will arrange with Only Our Providers, the return of the mortal remains to an authorized funeral home or to the legal residence of the Insured.

8. Trip Cancellation

We will pay you, if you cancel your trip for any of the following reason.

- Death or minimum 24Hr hospitalization of your immediate family member or traveling companion or You.
- Your presence is required by judicial authority during the period of insurance.
- You are unable to start your trip due to any natural disaster declared by the appropriate government authority
- Due to unexpected strike, riot or Civil commotion at Your destination or hometown or departure city.
- Loss of passport in case of international trips.
- Compulsory quarantine or prevention of travel by Government of India.

Note:

- We will cover only travel ticket and accommodation costs.
- Any cancellation due to Hospitalization resulting from pre-existing disease, Childbirth, Pregnancy or related medical complications to You, your immediate family or traveling companion.
- Failure to start the journey due to rejection of VISA.

9. Trip interruption

We will pay for additional travel costs (in the same class as original booking) if you cannot use your return ticket and/or unused accommodation costs that insured person has paid and cannot get back, if your trip was interrupted due to the following reasons, and you had to return before the trip completion.

- Death or minimum 24Hr hospitalization of your immediate family member or traveling companion or You
- You are unable to start your trip due to any natural disaster declared by the appropriate government authority.
- The common carrier which you boarded as a passenger is hijacked.
- Due to unexpected strike, riot or Civil commotion at place of visit other than your hometown.
- Due to compulsory quarantine or prevention of travel by government

Note:

- We will reimburse additional travel costs (in the same class as original booking) if you cannot use your return ticket
- We will not pay in case, any claim which was not authorized by our Medical Emergency Assistance provider before you returned home.
- Any abandonment due to Hospitalization due to a pre-existing disease, Childbirth, Pregnancy or related medical complications to You, your immediate family or traveling companion.
- Any claim for Trip interruption where there is no valid claim for Emergency In-patient medical treatment or Emergency In-patient medical treatment with OPD.

10. Trip Delay

We will pay you, if your trip is delayed for more than 12 consecutive hours from the later of the declared time of departure or expected time of departure due solely and directly to any one of the following:

- Delay due to bad Weather.
- Delay due to a sudden Strike or any other action by employees of the Common Carrier.
- Delay due to equipment failure of the Common Carrier.
- Delay due to operational problem at the Common Carrier end like crew/staff scheduling issues.
- Cancellation or rescheduling done by the Common carrier.

Note:

- We will not pay if any delay is due to reasons, which were made public or known to You at least 6 hours prior to the scheduled departure of the Common Carrier.
- If customer abandons the trip due to delay in departure of scheduled common carrier, then this benefit will not be payable.

11. Compassionate visit:

If Insured is hospitalized for a consecutive 7 days, and someone from immediate family of insured is visiting, then we will reimburse economy class travel cost for one such person

Note:

- Provided there is no other adult traveling companion with insured.
- Provided that no Adult member of your Immediate Family is present at the location of your hospitalization.
- Claim under this benefit will be applicable only if we have accepted claim under emergency inpatient medical treatment section of this policy

12. Medical repatriation:

We will provide through our provider's transportation under medical supervision to your residence or rehabilitation facility if our consulting physician and your medical practitioner determines that the transportation is medically necessary.

3.54. Modern Treatments+

If opted, we will remove the applicable sub-limit from "Modern Treatments" under the benefit "Expenses during Hospitalization" enhancing the limit for the benefit up to Sum Insured. All other conditions for the policy will remain same. This benefit can only be opted for Classic & Select Variants

3.55. Air Ambulance+

If opted, you can avail Air Ambulance up to the specified limit. This benefit can only be opted for Classic & Select Variants

Note: This will be paid only if claim for Expenses during hospitalization is paid by us. You must always use a registered air ambulance provider.

4. Exclusions

4.1. Standard Exclusions

4.1.1. Pre-existing Diseases (Code-Excl01):

- a. Expenses related to the treatment of a Pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first Policy.
- b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
- c. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Insurance Products) Regulations, 2024 then waiting period for the same would be reduced to the extent of prior coverage.
- d. Coverage under the Policy after the expiry of 36 months for any Pre-existing Disease is subject to the same being declared at the time of application and accepted by Us.

4.1.2. Specified disease/procedure waiting period (Code- Excl02)

- a. Expenses related to the treatment of the listed conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first Policy. This exclusion shall not be applicable for claims arising due to an Accident (covered from day 1) or Cancer (covered after 30-day waiting period).
- b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
- c. If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
- d. The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.
- e. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI then waiting period for the same would be reduced to the extent of prior coverage.
- f. List of specific diseases/procedures:
 - i. Pancreatitis and stones in biliary and urinary system
 - ii. Cataract, glaucoma and retinal detachment
 - iii. Hyperplasia of prostate, hydrocele and spermatocele
 - iv. Prolapse uterus or cervix, endometriosis, Fibroids, Polycystic ovarian disease (PCOD), hysterectomy (unless necessitated by Malignancy)
 - v. Hemorrhoids, fissure, fistula or abscess of anal and rectal region
 - vi. Hernia of any site or type,
 - vii. Osteoarthritis, joint replacement, osteoporosis, systemic connective tissue disorders, inflammatory polyarthropathies, Rheumatoid Arthritis, gout, intervertebral disc disorders, arthroscopic surgeries for ligament repair
 - viii. Varicose veins of lower extremities
 - ix. All internal or external benign neoplasms/ tumours, cyst, sinus, polyps, nodules, mass or lump
 - x. Ulcer, erosion or varices of gastro intestinal tract
 - xi. 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

4.1.3. 30-day waiting period (Code- Excl03):

- a. Expenses related to the treatment of any illness within 30 days from the first Policy commencement date shall be excluded except claims arising due to an Accident, provided the same are covered.
- b. This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months
- c. The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

4.1.4. Investigation & Evaluation (Code-Excl04)

- a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
- b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

4.1.5. Rest Cure, rehabilitation and respite care (Code-Excl05)

Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

- a. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
- b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

4.1.6. Obesity/ Weight Control (Code-Excl06)

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

- a. Surgery to be conducted is upon the advice of the Doctor.
- b. The surgery/Procedure conducted should be supported by clinical protocols.
- c. The member has to be 18 years of age or older and;
- d. Body Mass Index (BMI);
 - i. greater than or equal to 40 or
 - ii. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 1. Obesity-related cardiomyopathy
 2. Coronary heart disease
 3. Severe Sleep Apnea
 4. Uncontrolled Type2 Diabetes

4.1.7. Cosmetic or plastic Surgery (Code-Excl08)

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

4.1.8. Hazardous or Adventure sports (Code-Excl09)

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

4.1.9. Breach of law (Code-Excl10)

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

4.1.10. Excluded Providers (Code-Excl11)

Expenses incurred towards treatment in any Hospital or by any Medical Practitioner or any other provider specifically excluded by Us and disclosed in Our website / notified to the Policyholders are not admissible. However, in case of life threatening situations or following an Accident, expenses up to the stage of stabilization are payable but not the complete claim.

The complete list of excluded providers can be referred to on our website.

4.1.11. Treatment for, alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code-Excl12)

4.1.12. 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)

4.1.13. Refractive Error (Code-Excl15)

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.

Note: Less than 7.5 Dioptre means a power of eye either >7.5 Dioptre for Hypermetropia or far sightedness (say +7.75 Dioptre) or < 7.5 Dioptre for Myopia or near sightedness (say -7.75 Dioptre).

4.1.14. Unproven Treatments (Code-Excl16)

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

4.1.15. Sterility and Infertility (Code-Excl17)

Expenses related to sterility and infertility. This includes:

- a. Any type of contraception, sterilization
- b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- c. Gestational Surrogacy
- d. Reversal of sterilization

4.1.16. Maternity Expenses (Code-Excl18)

- a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalization) except ectopic pregnancy;
- b. Expenses towards miscarriage (unless due to an Accident) and lawful medical termination of pregnancy during the Policy Period.

4.2. Specific Exclusions

4.2.1. 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.

4.2.2. 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.

4.2.3. External Congenital Anomaly:

Screening, counseling or treatment related to external Congenital Anomaly.

4.2.4. Dental treatment:

All dental treatments other than due to accidents and cancers.

4.2.5. 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.

4.2.6. Costs which are not Reasonable and Customary and treatments which are not Medically Necessary. Refer Definition 2.1.37 for Reasonable and Customary Charges of the policy wordings.

4.2.7. Artificial life maintenance for the Insured Person who has been declared brain dead or in vegetative state In patients on artificial life support like ventilator, we may request for assessment to ensure the insured is not brain dead. The assessment MUST follow legally established procedure in the country. We may also recommend an independent specialist as a part of the team responsible for the assessment.

5. General Terms and Clauses

<p>5.1. Standard General Terms and Clauses</p> <p>5.1.1. Free Look Period</p> <p>The Free Look Period shall be applicable on individual health insurance policies and not on renewals.</p> <p>The insured person shall be allowed free look period of thirty days from date of receipt of the policy document to review the terms and conditions of the policy. If he/she is not satisfied with any of the terms and conditions, he/she has the option to cancel his/her policy.</p> <p>In the event the policyholder disagrees to any of the policy terms or conditions, or otherwise and has not made any claim, he/she shall have the option to return the policy to the insurer for cancellation, stating the reasons for the same.</p> <p>Irrespective of the reasons mentioned, the policyholder shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any, incurred by the insurer on medical examination of the proposer and stamp duty charges.</p>	<p>Simplified for you</p> <p>Free look is a 30 days period during which you can return back your policy, if you don’t like what you have purchased.</p>
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5.1.2. Cancellation

The policy holder may cancel his/her policy at any time during the term, by giving 7 days' notice in writing. The insurer shall:

- a. Refund proportionate premium for unexpired policy period, if the term of the policy upto one year and there is no claim(s) made during the policy period.
- b. Refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years are not commenced

5.1.3. Renewal of Policy

A health insurance policy shall be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured.

An insurer shall not deny the renewal of a health insurance policy on the ground that the insured had made a claim or claims in the preceding policy years, except for benefit based policies where the policy terminates following payment of the benefit covered under the policy.

- a. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- b. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days (annual installment) to maintain continuity of benefits without break in policy.
- c. Coverage is available during the grace period.
- d. No loading shall apply on renewals based on individual claims experience. However, discount in premium may be provided by insurers to individual policyholders for good claims experience.
- e. Insurer shall not resort to fresh underwriting by calling for medical examination, fresh proposal form etc at renewal stage where there is no change in sum insured offered. In case increase in sum insured is requested by the policyholder, the Insurer may underwrite only to the extent of increased sum insured

5.1.4. Possibility of Revision of Terms of the Policy Including the Premium Rates

The Company, with prior approval of IRDAI, may revise or modify the terms of the Policy including the premium rates. The Insured Person shall be notified three months before the changes are effected.

Simplified for you

You can cancel your policy whenever you wish.

Note: We will NOT refund any premium if we have paid a claim.

We will refund part of the premium depending on how many days your policy has been running for, if there is no claim.

5.1.5. Nomination

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy. The insurer shall obtain nomination at the time of new business and at the time of renewal for existing policies.

5.1.6. Fraud

If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression “fraud” means any of the following acts committed by the insured person or by his agent or the hospital/doctor/any other party acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy: a) the suggestion, as a fact of that which is not true and which the insured person does not believe to be true; b) the active concealment of a fact by the insured person having knowledge or belief of the fact; c) any other act fitted to deceive; and d) any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

5.1.7. Withdrawal of Policy

- i. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.

Simplified for you

If we ever cancel your policy, it will be for Fraud or Non disclosure only. Insurance contract is a legal contract too and it's based on trust.

Fraud is an action by you or anyone acting on your behalf where you receive benefits, financial or otherwise, for which you are either not eligible at all or not to the extent under the policy.

Pay your renewal premium before end of policy period to maintain continuity of benefits. A grace period is also available to pay the premium after policy expiry.

Note: You are NOT insured during the grace period.

- ii. Insured Person will have the option to either renew (up to 90 days from renewal date) same product or to migrate to a similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

5.1.8. Redressal of Grievance:

In case of any grievance the insured person may contact the company through:

Website: www.nivabupa.com

Toll- Free: 1860-500-8888

E-mail: Email us through our service platform <https://rules.nivabupa.com/customer-service/> (Senior citizens may write to us at: seniorcitizensupport@nivabupa.com)

Fax : 011-41743397

Courier: 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

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at:

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

Contact No: 1860-500-8888

Fax No.: 011-41743397

Email our Grievance officer through our Grievance Redressal platform [https:// transactions.nivabupa.com/pages/grievance-redressal.aspx](https://transactions.nivabupa.com/pages/grievance-redressal.aspx)

For updated details of grievance officer, kindly refer the link <https://www.nivabupa.com/customer-care/health-services/grievance-redressal.aspx>

If the Insured person is not satisfied with the above, they can escalate to GRO@nivabupa.com.

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017 (at the addresses given in Annexure II).

Grievance may also be lodged at IRDAI integrated Grievance Management System – www.bimabharosa.irdai.gov.in

Simplified for you

We will cancel your policy, will not pay any claim, will not refund any premium paid and have right to take all possible legal action against you including for recovery of benefits paid earlier, if

- You withheld any information from us, whole or part that would have invited any decision other than a 'standard acceptance' of your application for insurance.

Note: Non standard decisions are:

- Loading – We ask for additional premium
- Exclusions – We apply a additional waiting period for health conditions or treatments
- Rejection – We hate to do this. But sometimes are compelled to say no to a customer

5.1.9. Claim settlement (Provision for Penal interest)

- i. The Company shall settle or reject a claim, as the case may be, within 15 days from the claim submission date.
- ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of claim intimation till the date of payment of claim at a rate of 2% above the bank rate.

(Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due)

5.1.10. 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.

The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the Policy contract.

Note: the accrued credits gained under the ported and migrated policies shall be counted for the purpose of calculating the Moratorium Period.

5.1.11. Multiple Policies

A. Indemnity Based Policies:

- a. In case of multiple policies taken by an Insured Person during a period from one or more insurers to indemnify treatment costs, the Insured Person shall have the right to require a settlement of his / her claim in terms of any of his / her policies. In all such cases the insurer chosen by the Policyholder shall be considered as the Primary Insurer and will be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen Policy.
- b. If the amount to be claimed exceeds the available coverage of the said policy, then the primary insurer shall seek the details of other available policies of the policyholder and shall coordinate with other insurers to ensure settlement of the balance amount as per the policy conditions, without causing any hassles to the policy holder.

B. Benefit Based Policies:

- a. On occurrence of the insured event, the policy holder can claim from all Insurers under all policies.

IMPORTANT: We understand you may not know how important is the information on your health and it's impact on your policy. Hence it's very important that you disclose all health information and we would decide how important (we call it 'material') it is.

- Cause fraud of any kind

Simplified for you

We will provide our decision on claim within 15 days from submission of all necessary claim documents. For any delay in payment of claim, we will pay interest on the claim amount at a rate 2% above bank rate.

5.1.12. Migration

In case of migration of one policy to another with the same Insurer, the policyholder (including all members under family cover and group insurance policies) can transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, Specific Waiting periods, waiting period for pre-existing diseases, Moratorium period etc. in the previous policy to the migrated policy.

The insurer may underwrite the proposal in case of migration, if the insured is not continuously covered for 36 months.

5.1.13. Portability

A Policyholder has the choice to port his/ her policies from one Insurer to another irrespective of individual or group policy subject to the Board approved underwriting policy of the insurers.

The policyholder is entitled to transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, specific waiting periods, waiting period for pre-existing disease, Moratorium period etc. from the Existing Insurer to the Acquiring Insurer in the previous policy.

5.1.14. Disclosure of Information

The Policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact by the policyholder.

(Explanation: "Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk)

5.1.15. Condition Precedent to Admission of Liability

The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy.

5.1.16. Complete Discharge

Any payment to the policyholder, insured person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

Simplified for you

After 5 years, no health insurance claim shall be contestable except for proven fraud and permanent exclusions.

Simplified for you

In case you have multiple policies, you can choose the policy from which you want to claim first.

If claim amount exceeds the Sum Insured of first policy you claim from; then you can claim the balance amount from the second policy.

Simplified for you

You can shift your policy to any other health insurance product / plan offered by us as per migration guidelines.

5.1.17. Premium Payment in Instalments

If the insured person has opted for Payment of Premium on an instalment basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in the policy Schedule/Certificate of insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)

- i. Grace Period of 30 days in all types of policies, and a period of 15 days in case of monthly instalments.
- ii. For policies where premium is paid in instalments only, the coverage will be given during grace period.
- iii. The insured person will get the accrued continuity benefit in respect of the “Waiting Periods”, “Specific Waiting Periods” in the event of payment of premium within the stipulated grace Period.
- iv. No interest will be charged If the instalment premium is not paid on due date
- v. In case of instalment premium due not received within the grace period, the policy will get canceled.
- vi. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.

Simplified for you

You can also shift your policy to any other insurer as per portability guidelines

5.2. Specific Terms and Clauses

5.2.1. Automatic Cancellation:

The Policy shall automatically terminate in the event of death of the all Insured Person(s). A refund in accordance with the table in Section 6.1.2 shall be payable provided that no claim has been admitted or lodged or not benefit has been availed by the insured person under the policy.

5.2.2. Additional premium (Risk Loading)

- a. We may ask for additional premium after due risk evaluation (it’s what referred to as Underwriting) based on all information provided by you. We will issue policy to you only after you pay us the additional premium and provide us consent.
- b. There will be two types of loadings: i) where a loading is applied and the Pre-existing disease waiting period is applicable. ii) where a loading is applied and NO pre-existing disease waiting periods are applicable (this means you get Day 1 coverage for those diseases). You can make this choice at the time of policy issuance.
- c. We will never ask for more than 100% for any particular health condition and never more than 150% for any individual.
- d. Once applied, Risk loading continues even for all renewals. However, we offer discounts up to 30% under Live Healthy for maintenance and improvement in health

5.2.3. Other Renewal Conditions:

a. Renewal Premium:

Renewal premium will alter based on Age (in case of claim). For Floater plan, the age of eldest insured person will be considered for calculating the premium.

b. Addition of Insured Persons on Renewal:

If a new member is added in the Policy, either by way of endorsement or at the time of Renewal, the Pre-existing Disease clause, exclusions, loading (if any) and Waiting Periods will be applicable afresh for that member.

c. Changes to Sum Insured on Renewal:

You may opt for enhancement of Sum Insured at the time of Renewal, subject to underwriting. All Waiting Periods as defined in the Policy shall apply afresh for this enhanced limit from the effective date of such enhancement.

5.2.4. Claims

a. Cashless claim facility is available at our network hospitals ONLY. As list of network hospitals is dynamic, for the latest list, refer to our website www.nivabupa.com.

b. Documents required with claim form:

Hospital / Medical records:

- Original Discharge summary with first and subsequent consultation papers.
- Original Final Hospital bill with detailed break-up and payment receipt (including pharmacy bills).
- Laboratory investigation reports with supporting prescriptions.
- MLC/First Information Report (FIR) (in accident cases).

Policyholder documents (Nominee in case of death of Policyholder):

- KYC documents
- Cancelled cheque

IMPORTANT:

- All documents MUST be submitted at the earliest possible time .
- For any delay in submission, You MUST provide the reasons in writing. We will condone such delay on merits (i.e. reasons beyond your control).
- You MUST submit all claim related documents for expenses within the Deductible amount (if applicable).
- We reserve the right to check and investigate the hospital / medical records from any doctor, Hospital, clinic, individual or institution.
- We reserve the right to have any case reviewed and independently evaluate by an external third party to ensure that either the consumer or the treatment offered is appropriate.

- c. The expenses that are not covered or subsumed into room charges / procedure charges / costs of treatment are placed as Annexure I.
- d. If you opt for a Hospital room which is higher than the eligible room category as specified in your Policy Schedule, then We will charge a flat co-pay as mentioned in your policy.
- e. If two or more co-pays apply on the same claim, we will add them up.
- f. For any hospitalization, we will pay for items included in the bill by the Hospital during the duration of hospitalization. Items not included in the bill will not be paid.

Please Note:

- i. Once the final authorization request is received for discharge, the same will be processed within three hours from the final documents received. In case of delay from our end, any additional amount charged by the hospital will be borne by us. This amount will be paid over and above the policy limits.
- ii. We offer Cashless Everywhere, even in hospitals which are not part of our network. For More details and process please visit our website: <https://transactions.nivabupa.com/cashlessclaims/pages/intimation-claim.aspx>

5.2.5. Policy Disputes

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein shall be governed by Indian law and shall be subject to the jurisdiction of the Indian Courts.

5.2.6. Territorial Jurisdiction

All claims shall be payable in India in Indian Rupees only.

5.2.7. Alteration to the Policy

This Policy constitutes the complete contract of insurance. Any change in the Policy will only be evidenced by a written endorsement signed and stamped by Us. No one except Us can within the permission of the IRDAI change or vary this Policy.

5.2.8. Zonal pricing

For the purpose of calculating premium, the country has been divided into the following 8 zones:

- a. Zone 1: Delhi, Surat, Faridabad, Gurgaon, Nashik, Ghaziabad
- b. Zone 2: Surendra Nagar, Ahmedabad, Vadodara, Gandhi Nagar, Anand, Mahesana, Kheda, Hisar, Sonapat, Panipat, Rohtak, Jhajjar, Palwal, Sirsa, Mahendragarh, Kaithal, Jind, Nuh, Rewari, Kurukshetra, Karnal, Charkhi Dadri, Aligarh, Alwar, Bagpat, Bulandshahr, Gautam Buddha Nagar, Hapur, Mathura, Meerut, Muzaffarnagar, Noida, Saharanpur, Shamli, Khandwa, Jhabua, Dewas, Khargone, Indore, Ujjain, Dhar
- c. Zone 3: Palghar, Mumbai, Thane, Raigarh(Mh), Agra, Bhopal, Telangana, Kolkata, Asansol
- d. Zone 4: Rest Of Gujarat, Rest Of Maharashtra, Rest Of Madhya Pradesh, Daman And Diu, Dadra And Nagar Haveli, Visakhapatnam, Vizianagaram, Ludhiana, Mohali, Amritsar, Dehradun, Tirupati, Vijayawada
- e. Zone 5: Rest Of Haryana, Allahabad, Bengaluru, Bangalore Rural, Tumkur, Kolar, Chikkaballapur, Ramanagar, Chandigarh, Jaipur, Kerala, Lakshadweep, Chennai, North 24 Parganas, Howrah, Hooghly, South 24 Parganas, Nadia, North Presidency, South Presidency, Barasat
- f. Zone 6: Rest Of Andhra Pradesh, Patiala, Rest Of Uttarakhand, Vellore, Tiruvannamalai, Villupuram, Kanchipuram, Tiruvallur, Tirupattur, Bihar, Rest Of Uttar Pradesh
- g. Zone 7: Rest Of Punjab, Rest Of Karnataka, Rest Of Rajasthan, Goa, Jharkhand
- h. Zone 8: Rest Of Tamilnadu, Rest Of West Bengal, Himachal Pradesh, Andaman And Nicobar Islands, Arunachal Pradesh, Assam, Chhattisgarh, Jammu And Kashmir, Orissa, Sikkim, Ladakh, Manipur, Meghalaya, Mizoram, Nagaland, Puducherry, Tripura

Your premium depends upon your residential city. Please inform us immediately in case of change in your city.

5.2.9. Assignment

The Policy can be assigned subject to applicable laws.

6. Coverage Standards & Protocols

Medicine is an 'evidence based' science. It follows protocols. Avoiding unnecessary and not indicated treatment is as important as administering the right treatment. Simply put, Unnecessary and not indicated treatment can harm, including putting life at risk.

One important principle in insurance is 'insurance or the state of being insured should not change one's health-care purchase decision'. As a prudent & logical individual, everyone, while availing treatment for any condition, considers cost versus outcome.

A. Medical protocols

We will periodically publish and refresh medical protocols on our website. These protocols will be based on Textbooks, AIIMS, ICMR, Clinical Establishment Act, PMJAY, Various state schemes' protocols, Department of health research under Ministry of Health, Mayo clinic, Cleveland clinic, NICE.org etc. These protocols will provide

- Indication for hospitalization: The criteria for hospitalization in to various category of rooms (ICU, Normal room etc.)
- What is the right treatment (medicine, procedure) for the condition & severity?

Any treatment, medicine not approved by CDSCO, FDA and other appropriate authorities in India will not be covered. We will also use instructions on the drug, procedure published by manufactures, approver of the drug, procedure in different countries especially the country of discovery or invention on indications, contraindications, usage etc. Extra / Off label usage (using a drug or procedure for conditions other than it was explicitly approved for) will not be covered under the policy.

B. Position statements

As a responsible insurer, we will transparently publish on our website what we refer to as 'Position Statements'. These will essentially clarify our position on coverage of various treatments. We may fully pay, part pay, suggest alternatives, investigate, or even deny certain medicines, procedures, investigations, therapies etc. If in any treatment our position, based on scientific evaluation, is not to pay or pay only a part, we will at least pay up to the cost of currently prevailing most common alternative treatments for the condition and not less. Medicine is an ever evolving world with newer technologies and treatments being introduced. Many of which may not provide cost adjusted superior outcomes as compared to other existing alternatives. These position statements will tap in to Globally available resources like AIIMS, ICMR, Clinical Establishment Act, PMJAY, Various state schemes' protocols, Department of health research under Ministry of Health, Mayo clinic, Cleveland clinic, NICE.org etc. The position statements will be based on various Health Technology Assessments, Health Economic Evaluation, Cost Benefit analysis, Cost Efficiency analysis other than various other researches done Globally and published in reputed journals. Any research data with conflict of interest will be discarded for the purpose.

C. Prolonged Hospitalization

- We encourage you to intimate to us as much earlier as possible before any hospital admission.
- In any event if you fail to intimate to us before admission in to a hospital, please intimate as soon as possible after admission.
- You MUST intimate to us if your hospitalization duration exceeds 7 days. In event of failure to intimate within 7 days from date of hospitalization, an additional cumulative co-payment of 10% will be levied on your final admissible amount. This duration will be relaxed to a maximum of 9 days only for road traffic accidents.

D. Organ Transplants

- You MUST intimate to us, even for hospitalization in Non-Network hospital, at least 7 days before live donor organ transplant
- You MUST intimate to us, even for hospitalization in Non-Network hospital, as early as feasible, not exceeding 48 hours from the date and time of admission in event of cadaveric organ transplant
- In all liver & Pancreas transplants, biopsy must be performed on the recipients' organ. We reserve the right to collect the biopsy slide & tissue block and get opinion and fresh biopsy done from other independent experts. Our final decision to honor the claim will be based on these independent expert opinions.
- If you get treated in a non-network hospital, and fail to intimate us or share the biopsy as indicated above, an additional co-payment of 20% will be applied on the admissible claim amount.

Annexure I - The expenses that are not covered or subsumed into room charges / procedure charges / costs of treatment

List I - Expenses not covered

S I No.	Item	S I No.	Item	S I No.	Item
1	BABY FOOD	24	ATTENDANT CHARGES	47	LUMBO SACRAL BELT
2	BABY UTILITIES CHARGES	25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	48	NIMBUS BED OR WATER OR AIR BED CHARGES
3	BEAUTY SERVICES	26	BIRTH CERTIFICATE	49	AMBULANCE COLLAR
4	BELTS/ BRACES	27	CERTIFICATE CHARGES	50	AMBULANCE EQUIPMENT
5	BUDS	28	COURIER CHARGES	51	ABDOMINAL BINDER
6	COLD PACK/HOT PACK	29	CONVEYANCE CHARGES	52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
7	CARRY BAGS	30	MEDICAL CERTIFICATE	53	SUGAR FREE Tablets
8	EMAIL / INTERNET CHARGES	31	MEDICAL RECORDS	54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	32	PHOTOCOPIES CHARGES	55	ECG ELECTRODES
10	LEGGINGS	33	MORTUARY CHARGES	56	GLOVES
11	LAUNDRY CHARGES	34	WALKING AIDS CHARGES	57	NEBULISATION KIT
12	MINERAL WATER	35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
13	SANITARY PAD	36	SPACER	59	KIDNEY TRAY
14	TELEPHONE CHARGES	37	SPIROMETRE	60	MASK
15	GUEST SERVICES	38	NEBULIZER KIT	61	OUNCE GLASS
16	CREPE BANDAGE	39	STEAM INHALER	62	OXYGEN MASK
17	DIAPER OF ANY TYPE	40	ARMSLING	63	PELVIC TRACTION BELT
18	EYELET COLLAR	41	THERMOMETER	64	PAN CAN
19	SLINGS	42	CERVICAL COLLAR	65	TROLLY COVER
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	43	SPLINT	66	UROMETER, URINE JUG

21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	44	DIABETIC FOOT WEAR	67	AMBULANCE
22	TELEVISION CHARGES	45	KNEE BRACES (LONG/SHORT/ HINGED)	68	VASOFIX SAFETY
23	SURCHARGES	46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER		

List II – Items that are to be subsumed into Room Charges

S I No.	Item	S I No.	Item	S I No.	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	14	BED PAN	27	ADMISSION KIT
2	HAND WASH	15	FACE MASK	28	DIABETIC CHART CHARGES
3	SHOE COVER	16	FLEXI MASK	29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
4	CAPS	17	HAND HOLDER	30	DISCHARGE PROCEDURE CHARGES
5	CRADLE CHARGES	18	SPUTUM CUP	31	DAILY CHART CHARGES
6	COMB	19	DISINFECTANT LOTIONS	32	ENTRANCE PASS / VISITORS PASS CHARGES
7	EAU-DE-COLOGNE / ROOM FRESHNERS	20	LUXURY TAX	33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
8	FOOT COVER	21	HVAC	34	FILE OPENING CHARGES
9	GOWN	22	HOUSE KEEPING CHARGES	35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
10	SLIPPERS	23	AIR CONDITIONER CHARGES	36	PATIENT IDENTIFICATION BAND / NAME TAG
11	TISSUE PAPER	24	IM IV INJECTION CHARGES	37	PULSEOXYMETER CHARGES
12	TOOTH PASTE	25	CLEAN SHEET		
13	TOOTH BRUSH	26	BLANKET/WARMER BLANKET		

List III – Items that are to be subsumed into Procedure Charges

Sl. No.	Item	Sl. No.	Item	Sl. No.	Item
1	HAIR REMOVAL CREAM	9	WARD AND THEATRE BOOKING CHARGES	17	BOYLES APPARATUS CHARGES
2	DISPOSABLES RAZORS CHARGES (for site preparations)	10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS	18	COTTON
3	EYE PAD	11	MICROSCOPE COVER	19	COTTON BANDAGE
4	EYE SHEILD	12	SURGICAL BLADES, HARMONICSCALPEL,SHAVER	20	SURGICAL TAPE
5	CAMERA COVER	13	SURGICAL DRILL	21	APRON
6	DVD, CD CHARGES	14	EYE KIT	22	TORNIQUET
7	GAUSE SOFT	15	EYE DRAPE	23	ORTHOBUNDLE, GYNAEC BUNDLE
8	GAUZE	16	X-RAY FILM		

List IV – Items that are to be subsumed into costs of treatment

Sl. No.	Item	Sl. No.	Item	Sl. No.	Item
1	ADMISSION/REGISTRATION CHARGES	7	INFUSION PUMP- COST	13	MOUTH PAINT
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	8	HYDROGEN PEROXIDE\ SPIRIT\ DISINFECTANTS ETC	14	VACCINATION CHARGES
3	URINE CONTAINER	9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES	15	ALCOHOL SWABES
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	10	HIV KIT	16	SCRUB SOLUTION/STERIL-LIUM
5	BIPAP MACHINE	11	ANTISEPTIC MOUTHWASH	17	GLUCOMETER & STRIPS
6	CPAP/ CAPD EQUIPMENTS	12	LOZENGES	18	URINE BAG

Annexure II - List of Insurance Ombudsmen

Office Details	Jurisdiction
<p>AHMEDABAD</p> <p>Shri Collu Vikas Rao Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD - 380 001. Tel.: 079 - 25501201/02/05/06 Email: oiooio.ahmedabad@cioins.co.in</p>	Gujarat, Dadra & Nagar Haveli, Daman and Diu
<p>BENGALURU</p> <p>Ms. Neerja Kapurs Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru - 560 078. Tel.: 080 - 26652048 / 26652049 Email: oiooio.bengaluru@cioins.co.in</p>	Karnataka
<p>BHOPAL</p> <p>Shri Ajay Kumar Insurance Ombudsman Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal - 462 003. Tel.: 0755 - 2769201 / 2769202 Email: oiooio.bhopal@cioins.co.in</p>	Madhya Pradesh, Chhattisgarh
<p>BHUBANESWAR</p> <p>Shri Bimbadhar Pradhan Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar - 751 009. Tel.: 0674 - 2596461 / 2596455 Email: oiooio.bhubaneswar@cioins.co.in</p>	Odisha
<p>CHANDIGARH</p> <p>Ms. Alka Jha Office of the Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh - 160 017. Tel.: 0172-2706468 Email: oiooio.chandigarh@cioins.co.in</p>	Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh

<p>CHENNAI</p> <p>Shri K. Vinayak Rao Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Email: oiioio.chennai@cioins.co.in</p>	<p>Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry)</p>
<p>DELHI</p> <p>Ms. Sunita Sharma Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: oiioio.delhi@cioins.co.in</p>	<p>Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh</p>
<p>GUWAHATI</p> <p>Shri Ajay Kumar Sharma Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: oiio.guwahati@cioins.co.in</p>	<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura</p>
<p>HYDERABAD</p> <p>Ms. G Shobha Reddy Office of the Insurance Ombudsman, 6-2-46, 1st floor, “Moin Court”, Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Email: oiio.hyderabad@cioins.co.in</p>	<p>Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry</p>
<p>JAIPUR</p> <p>Shri Satyajeet Rajan Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: oiio.jaipur@cioins.co.in</p>	<p>Rajasthan</p>

<p>KOCHI</p> <p>Shri Pradeep Kumar Jain 10th Floor, Jeevan Prakash,LIC Building, Opp to Maharaja's College Ground ,M.G.Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: oio.ernakulam@cioins.co.in</p>	<p>Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry</p>
<p>KOLKATA</p> <p>Ms. Kiran Sahdev Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Email: oio.kolkata@cioins.co.in</p>	<p>West Bengal, Sikkim, Andaman & Nicobar Islands</p>
<p>LUCKNOW</p> <p>Shri Atul Sahai Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Email: oio.lucknow@cioins.co.in</p>	<p>Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar</p>
<p>MUMBAI</p> <p>Ms. Sarojini S Dikhale Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/27/28/28/29/30/31 Email: oio.mumbai@cioins.co.in</p>	<p>List of wards under Mumbai</p> <p>Metropolitan Region excluding wards in Mumbai - i.e M/E, M/W, N , S and T covered under</p> <p>Office of Insurance Ombudsman Thane and excluding areas of Navi Mumba</p>
<p>NOIDA</p> <p>Shri Bimbadhar Pradhan Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: oio.noida@cioins.co.in</p>	<p>State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur</p>

<p>PATNA</p> <p>Ms. Susmita Mukherjee Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: io.patna@cioins.co.in</p>	<p>Bihar, Jharkhand</p>
<p>PUNE</p> <p>Shri Sunil Jain Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: io.pune@cioins.co.in</p>	<p>State of Goa and State of Maharashtra excluding areas of Navi Mumbai, Thane district, Palghar District, Raigad district & Mumbai Metropolitan Region</p>
<p>THANE</p> <p>Shri Umesh Sinha Office of the Insurance Ombudsman, 2nd Floor, Jeevan Chintamani Building, Vasanttrao Naik Mahamarg, Thane (West)- 400604 Tel.: 022-20812868/69 Email: io.thane@cioins.co.in</p>	<p>Area of Navi Mumbai, Thane District, Raigad District, Palghar District and wards of Mumbai, M/East, M/West, N, S and T.”</p>

Ombudsmen details are subject to change. Please refer this link for the updated details: CIO (cioins.co.in)

Annexure III – List for Annual Health Checkups & NivaBupaOne Executive Health Checkup

S.No	Test Name	Variants				NivaBupaOne
		Classic	Classic + Select	Classic + Select + Elite	Classic + Select + Elite + Black	Executive Health Assessment
1	Calcium	NA	NA	Yes	Yes	Yes
2	Complete blood count (CBC)	Yes	Yes	Yes	Yes	Yes
3	Erythrocyte Sedimentation Rate (ESR)	NA	NA	Yes	Yes	Yes
4	Fasting Blood sugar (FBS)	Yes	Yes	Yes	Yes	Yes
5	HbA1C	Yes	Yes	Yes	Yes	Yes
6	Uric Acid	NA	Yes	NA	NA	NA
7	Serum creatinine	Yes	Yes	NA	NA	Yes
8	Kidney Function Test (KFT)	NA	NA	Yes	Yes	Yes
9	SGOT / SGPT	Yes	NA	NA	NA	NA
10	Liver Function Test (LFT)	NA	Yes	Yes	Yes	Yes
11	Physical Examination (PE)	NA	NA	Yes	Yes	Yes
12	Post prandial blood sugar (PPBS)	NA	NA	NA	NA	Yes
13	Routine Urine Analysis (RUA)	NA	NA	NA	Yes	Yes
14	Sensitized Erythrocyte Lysis (SEL)	NA	NA	NA	Yes	Yes
15	Serum Cholesterol	Yes	NA	NA	NA	NA
16	Lipid Profile	NA	Yes	Yes	Yes	Yes
17	Vitamin D	NA	Yes	Yes	Yes	Yes
18	TSH	Yes	Yes	Yes	NA	NA
19	Thyroid Function Test (TFT)	NA	NA	NA	Yes	Yes
20	Electrocardiogram (ECG)	NA	NA	NA	Yes	Yes
21	X Ray chest	NA	NA	NA	Yes	Yes
22	Ultrasound Test (USG)	NA	NA	NA	Yes	Yes
23	Treadmill test (TMT)	NA	NA	NA	Yes	Yes
24	PSA	NA	NA	NA	Yes	Yes
25	Mammogram	NA	NA	NA	NA	Yes
26	PAP smear of Cervix	NA	NA	NA	NA	Yes
27	Colonoscopy*	NA	NA	NA	NA	Yes
28	Vitamin B12	NA	NA	NA	NA	Yes

*Prescription based only.

Annexure IV- List of Critical Illnesses

S. No.	List of Critical Illness	Definition	What Does it Mean
1.	Cancer of Specified Severity	<p>I. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.</p> <p>II. The following are excluded -</p> <ul style="list-style-type: none"> i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3. ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond; iii. Malignant melanoma that has not caused invasion beyond the epidermis; iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0 v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below; vi. Chronic lymphocytic leukaemia less than RAI stage 3 vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification, viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs 	<p>ancer (also known as a malignant tumour) is a disease where cells change and grow in an abnormal way. If left untreated, they can destroy surrounding healthy cells and eventually destroy healthy cells in other parts of the body. There are about 200 different types of cancer, varying widely in outlook and treatment.</p>

2.	<p>Myocardial Infarction (First Heart Attack of specific severity)</p>	<p>I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:</p> <ul style="list-style-type: none"> i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain) ii. New characteristic electrocardiogram changes iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers. <p>II. The following are excluded:</p> <ul style="list-style-type: none"> i. Other acute Coronary Syndromes ii. Any type of angina pectoris iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure. 	<p>A heart attack, also known as a myocardial infarction, happens when part of the heart muscle dies because it has been starved of oxygen. This causes severe pain and an increase in cardiac enzymes and troponins, which are released into the blood stream from the damaged heart muscle.</p>
3.	<p>Open Chest CABG</p>	<p>I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.</p> <p>II. The following are excluded:</p> <ul style="list-style-type: none"> i. Angioplasty and/or any other intra-arterial procedures 	<p>Coronary arteries can become narrowed or blocked by the build-up of fatty deposits caused by poor lifestyle such as high fat diet, smoking and high blood pressure. This may cause symptoms including chest pain and can sometimes cause a heart attack. Coronary artery bypass surgery is used to treat blocked arteries in the heart by diverting the blood supply around the blocked artery using a vein, usually taken from the leg, arm or chest. This definition covers surgery if it requires the heart to be reached by a surgical incision through the chest wall or sternum (breastbone), to replace the blocked arteries with a vein.</p>

4.	Open Heart Replacement or Repair of Heart Valves	<p>The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of Surgery has to be confirmed by a specialist medical practitioner.</p> <p>Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.</p>	<p>Heart valve repair or replacement surgery is done when valves are damaged or diseased and do not work the way they should. When one (or more) valve(s) becomes stenotic (stiff), narrowed or diseased due to any reasons, the heart must work harder to pump the blood through the valve. If your heart valve(s) becomes damaged, you may have the following symptoms:</p> <ul style="list-style-type: none"> • Dizziness • Chest pain • Breathing difficulties • Palpitations • Edema (swelling) of the feet, ankles, or abdomen (belly) • Rapid weight gain due to fluid retention <p>This definition implies a large surgical incision made in the chest and the heart stopped for a time so that the surgeon can repair or replace the valve(s).</p>
5.	Coma of Specified Severity	<p>A state of unconsciousness with no reaction or response to external stimuli or internal needs.</p> <p>This diagnosis must be supported by evidence of all of the following:</p> <ol style="list-style-type: none"> a) no response to external stimuli continuously for at least 96 hours; b) life support measures are necessary to sustain life; and c) permanent neurological deficit which must be assessed at least 30 days after the onset of the coma. <p>The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.</p>	<p>A coma is a state of unconsciousness from which the patient cannot be aroused and has no control over bodily functions. It may be caused by illness, stroke, infection, very low blood sugar or serious accident. Recovery rates vary, depending upon the depth and duration of the coma.</p>

6.	Kidney Failure Requiring Regular Dialysis	End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.	The kidneys perform an important role filtering the body's waste to pass as urine. If the kidneys fail, there is a harmful build up of the body's waste products. In severe cases it may be necessary for the filtering to be done by a dialysis machine or, in some cases, a transplant may be needed.
7.	Stroke Resulting in Permanent Symptoms	<p>Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source.</p> <p>Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain.</p> <p>Evidence of permanent neurological deficit lasting for atleast 3 months has to be produced.</p> <p>The following are excluded:</p> <ul style="list-style-type: none"> i. Transient ischemic attacks (TIA) ii. Traumatic Injury of the brain iii. Vascular disease affecting only the eye or optic nerve or vestibular functions 	Strokes are caused by a sudden loss of blood supply or haemorrhage to a particular part of the brain. The symptoms and how well a person recovers will depend on which part of the brain is affected and the extent of the damage. A transient ischaemic attack, sometimes referred to as a 'mini-stroke', does not result in any permanent neurological deficit. These are not covered by this definition, because symptoms aren't permanent and will disappear within 24 hours.
8.	Major Organ/Bone Marrow Transplant	<p>The actual undergoing of a transplant of:</p> <ul style="list-style-type: none"> • One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or • Human bone marrow using haematopoietic stem cells. <p>The undergoing of a transplant has to be confirmed by a specialist medical practitioner.</p> <p>The following are excluded:</p> <ul style="list-style-type: none"> • Other stem-cell transplants • Where only islets of langerhans are transplanted 	An organ may become so diseased that it needs to be replaced.

9.	Permanent Paralysis of Limbs	Total and irreversible loss of use of two or more limbs as a result of Injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.	Paralysis is the complete loss of use. It may be caused by injury or illness. A limb is an arm or leg.
10.	Motor Neurone Disease with Permanent Symptoms	Motor neurone disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.	Motor neurone disease (MND) is a gradual weakening and wasting of the muscles, usually beginning in the arms and legs. This may cause difficulty walking or holding objects. As the disease develops, other muscle groups may be affected, such as those involving speech, swallowing and breathing. Eventually, 24 hour care may be needed.
11.	Multiple Sclerosis with Persisting Symptoms	<p>I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following::</p> <ul style="list-style-type: none"> i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months. <p>II. Neurological damage due to SLE is excluded.</p>	Multiple sclerosis (MS) is the most common disabling neurological disease among young adults and is usually diagnosed between the ages of 20 and 40.

12.	Aplastic Anaemia	<p>Aplastic Anemia is chronic persistent bone marrow failure. A certified hematologist must make the diagnosis of severe irreversible aplastic anemia. There must be permanent bone marrow failure resulting in bone marrow cellularity of less than 25% and there must be two of the following:</p> <ul style="list-style-type: none"> a) Absolute neutrophil count of less than 500/mm³ b) Platelets count less than 20,000/mm³ c) Reticulocyte count of less than 20,000/mm³ <p>The Insured Person must be receiving treatment for more than 3 consecutive months with frequent blood product transfusions, bone marrow stimulating agents, or immunosuppressive agents or the Insured Person has received a bone marrow or cord blood stem cell transplant. Temporary or reversible Aplastic Anemia is excluded and not covered under this Policy.</p>	<p>Aplastic anaemia is a serious condition where bone marrow fails to produce sufficient blood cells or clotting agents. Symptoms include shortness of breath, excessive bleeding and an increased chance of catching infections.</p>
13.	Bacterial Meningitis	<p>Bacterial meningitis is a bacterial infection of the meninges of the brain causing brain dysfunction. There must be an unequivocal diagnosis by a consultant physician of bacterial meningitis that must be proven on analysis and culture of the cerebrospinal fluid. There must also be permanent objective neurological deficit that is present on physical examination at least 3 months after the diagnosis of the meningitis infection.</p>	<p>Bacterial meningitis causes inflammation to the meninges, which is the protective layer around the brain and spinal cord. It's caused by a bacterial infection and needs prompt medical treatment. Initial symptoms include headache, fever and vomiting.</p>
14.	Loss of Speech	<p>I. Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.</p>	<p>The total loss of the ability to speak. It's often caused when the vocal cords need to be removed because of a tumour or a serious injury.</p>

15.	End Stage Liver Disease	<p>Permanent and irreversible failure of liver function that has resulted in all three of the following:</p> <ul style="list-style-type: none"> a) Permanent jaundice; and b) Ascites; and c) Hepatic Encephalopathy. <p>Liver failure secondary to drug or alcohol abuse is excluded.</p>	<p>The liver is an important organ, which carries out several of the body's vital functions such as helping with digestion and clearing toxins. This definition covers liver failure at an advanced stage. This type of liver failure leads to permanent jaundice (yellow discolouration of the skin), ascites (build up of fluid in the abdomen), and encephalopathy (brain disease or damage).</p>
16.	Deafness	<p>Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means "the loss of hearing to the extent that the loss is greater than 90decibels across all frequencies of hearing" in both ears.</p>	<p>This means permanent loss of hearing in both ears, measured by using an audiogram across different frequencies, which vary from low to high pitch.</p>
17.	End-stage Lung Disease	<p>End stage lung disease, causing chronic respiratory failure, as evidenced by all of the following:</p> <ul style="list-style-type: none"> a) FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and b) Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and c) Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less (PaO₂ < 55mmHg); and d) Dyspnea at rest. <p>This diagnosis must be confirmed by a respiratory physician.</p>	<p>The lungs allow us to breathe in oxygen and get rid of harmful carbon dioxide. The definition of End Stage Lung Disease covers advanced lung failure when breathing is severely affected and regular oxygen therapy is required.</p>

18.	Fulminant Viral Hepatitis	<p>A sub-massive to massive necrosis of the liver by any virus, leading precipitously to liver failure.</p> <p>This diagnosis must be supported by all of the following:</p> <ul style="list-style-type: none"> a) rapid decreasing of liver size; and b) necrosis involving entire lobules, leaving only a collapsed reticular framework; and c) rapid deterioration of liver function tests; and d) deepening jaundice; and e) hepatic encephalopathy. <p>Acute Hepatitis infection or carrier status alone does not meet the diagnostic criteria.</p>	<p>Appearance of severe systemic complications like sepsis, gastro-intestinal bleeding, cerebral oedema, renal and cardiac failure, rapidly after the first signs of liver disease (such as jaundice), and indicates that the liver has sustained severe damage.</p>
19.	Third Degree Burns	<p>There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.</p>	

20.	Muscular Dystrophy	<p>Muscular Dystrophy is a disease of the muscle causing progressive and permanent weakening of certain muscle groups. The diagnosis of Muscular Dystrophy must be made by a consultant neurologist, and confirmed with the appropriate laboratory, biochemical, histological, and electromyographic evidence. The disease must result in the permanent inability of the Insured Person to perform (whether aided or unaided) at least three (3) of the six (6) “Activities of Daily Living”.</p> <p>Activities of Daily Living are defined as:</p> <ul style="list-style-type: none"> i. Washing : the ability to maintain an adequate level of cleanliness and personal hygiene ii. Dressing : the ability to put on and take off all necessary garments, artificial limbs or other surgical appliances that are Medically Necessary iii. Feeding : the ability to transfer food from a plate or bowl to the mouth once food has been prepared and made available iv. Toileting : the ability to manage bowel and bladder function, maintaining an adequate and socially acceptable level of hygiene v. Mobility : the ability to move indoors from room to room on level surfaces at the normal place of residence vi. Transferring: the ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa. 	
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Annexure V – Co-payments for Room Category:

Varaint	Category Claimed for	Co-Payment
Classic	General Ward	0%
Classic	Twin Sharing Room	20%
Classic	All Room Categories except deluxe and Suite	40%
Classic	All Room Categories	50%
Select	General Ward	0%
Select	Twin Sharing Room	0%
Select	All Room Categories except deluxe and Suite	20%
Select	All Room Categories	40%
Elite	General Ward	0%
Elite	Twin Sharing Room	0%
Elite	All Room Categories except deluxe and Suite	0%
Elite	All Room Categories	20%

Annexure VI – Product Benefit Table

S.No	Name	Classic	Select	Elite	Black
1	Base Sum Insured	INR 5L, INR 10L and Unlimited			
2	Room Type	Covered Up to Sum Insured. Room type capped to General room. Co-pay if room category above General room opted.	Covered Up to Sum Insured. Room type capped to Twin Sharing room. Co-pay if room category above Twin sharing room opted.	Covered Up to Sum Insured. All room covered except Deluxe/ Suite. Co-pay if room category is breached.	Covered Up to Sum Insured. No room type capping.
3	Expenses in Reaching the Hospital	Road Ambulance: INR 2000 per Hospitalization Air Ambulance: NA	Road Ambulance: INR 2000 per Hospitalization Air Ambulance: NA	Road Ambulance: Up to Sum Insured Air Ambulance: INR 5L Per Hospitalization	Road Ambulance: Up to Sum Insured Air Ambulance: INR 5L Per Hospitalization
4	Expenses During Hospitalization (Including AYUSH)	Covered Up to Sum Insured for 2+ Hours of Hospitalization. (24+ Hours for Ayush Treatment)			
5	Modern Treatments	Covered up to INR 1 lacs for each complete claim amount.	Covered up to INR 1 lacs for each complete claim amount.	Up to Sum Insured	Up to Sum Insured
6	Expenses Before and After a Hospitalization	60 Days and 180 Days Respectively. Covered Up to Sum Insured			

7	Home Care/ Domiciliary	Covered up to Sum Insured			
8	Organ Donor	Covered up to Sum Insured			
9	Booster+*	Unutilised Base Sum Insured carries forward to the next policy year up to 10x.			
10	ReAssure Forever*	1st claim triggers ReAssure+, forever. Each claim will be up to the Base Sum Insured. Unlimited times and Forever.			
11	Lock the Clock	NA	NA	Pay the premium as per your entry age, till a claim is paid	Pay the premium as per your entry age, till a claim is paid
12	Live Healthy	Up to 30% Discount on premium at the time of Renewal.			
13	Surprise Benefit	Download the Niva Bupa app and get SURPRISED.			
14	Second Medical Opinion	Unlimited Second Medical Opinion within our network.			
15	E-Consultation	Unlimited e-consultation within our network.			
Optional Benefits					
16	Cash-Bag+	Accumulate cashback on every claim free year in your Cash-Bag. Use it to pay for Premiums, OPD, Deductible, and Co-Payment. 10% of 1st renewal premium and 5% of every subsequent renewal premium. Get extra 10% of the accumulated cash-bag for a block of 3 claim free years.			
17	NivaBupaOne	Exclusive Membership that gives you an access to Executive Health Assessment and provides Priority Claims & Dedicated Support services.			
18	ElderOne	Choose from comprehensive packages to support elders in every accept in life.			
19	Annual Health Check-Up (Only Cashless)	Day 1 Health Check-Up as per defined packages.			
20	Annual Health Check-Up (Cashless + Reimbursement)	Day 1 Health Check-Up as per defined packages.			
21	HeadsUp	You Call We Guide. Call 48 hours before any hospitalization and get treated at our recommended provider. (For emergency: within 24 hrs of admission) 20% Co-payment if treatment taken outside the recommended list.			
22	Tiered Network	Get access to an extensive list of hospitals. 20% Co-Payment if treatment taken outside this list of hospitals.			
23	Pre-Existing Disease Wait Time Modification	Modify the Pre-Existing Disease Waiting Period from the current to 12 months, 24 Months			

24	Specific Disease Wait Time Modification	Modify the Specific Disease Waiting Period from the current to 12 months, 36 Months			
25	Co-Payment	0%, 10%, 20%, 30%, 40%, 50%			
26	Personal Accident	Covers Accidental Death, Permanent Total Disability, Permanent Partial Disability Choose from 1X / 2X / 3X / 4X / 5X of base sum insured. Unlimited Sum Insured: Up to INR 1 Crore, in multiples of 5 Lakhs.			
27	Personal Accident Lite	Covers Accidental Death Choose from 1X / 2X / 3X / 4X / 5X of base sum insured. Unlimited Sum Insured: Up to INR 1 Crore, in multiples of 5 Lakhs.			
28	Personal Accident Pro	Covers Accidental Death, Permanent Total Disability, Permanent Partial Disability, Accidental OPD Choose from 1X / 2X / 3X / 4X / 5X of base sum insured. Unlimited Sum Insured: Up to INR 1 Crore, in multiples of 5 Lakhs.			
29	Hospital Daily Cash	Get INR 1000 per day for hospitalization. Maximum 30 days in a year.	Get INR 1000 per day for hospitalization. Maximum 30 days in a year.	Get INR 2000 per day for hospitalization. Maximum 30 days in a year.	Get INR 4000 per day for hospitalization. Maximum 30 days in a year.
30	Annual Aggregate Deductible	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			
31	Claim Safeguard+	All Non-payable items will be covered (as per list I, II, III, IV)			
32	WellConsult+	Choose up to 5X of total premium for OPD coverage like: Consultation, Diagnostics, Pharmacy, Gym Memberships and many more. Co-payment applicable in Reimbursement.			
33	Borderless	NA			
34	Borderless for Specified Illnesses	NA	Get treatment anywhere in the world, Up to INR 10 Lac. Co-payment Options: 0% / 20% / 30% / 40% / 50%	Get treatment anywhere in the world, Up to INR 10 Lac. Co-payment Options: 0% / 20% / 30% / 40% / 50%	Get treatment anywhere in the world, 5, 10L: up to INR 10 Lac. Unlimited: up to INR 5 Cr. Co-payment Options: 0% / 20% / 30% / 40% / 50%
35	Third Medical Opinion	Once in the policy, Third Medical Opinion within our network.			
36	Second Medical Opinion- Express	Once in the policy, Second Medical Opinion within our network. Within 48 hours of hospitalization			
37	Medical Equipment	Covers Medically necessary equipment needed for you to resume normal living post injury due to Accident.			

38	Emotional Wellness for Adults	Online sessions on Emotional Wellness. Can be availed only through our Partner network			
39	Mind Wellness Counselling	Online sessions on Emotional Wellness. Can be availed only through our Partner network			
40	Sexual Health Wellness	Online sessions on Sexual Health Wellness can be availed. only through our Partner network. This benefit is only for Adults in the policy.			
41	Health Risk Assessment	You can take an overall online health assessment on our App, and be updated about your lifestyle and health.			
42	Wellness for Women	Choose from comprehensive packages for women.			
43	EyeGuard	Choose from comprehensive packages for protection of Eyes & Vision. Within our Partner Network.			
44	Live-Fit	Opt to enjoy fitness related benefits with our partner network			
45	Accident Care	<p>ICU at Home: 5L: INR 50,000 10L: INR 1,00,000 Unlimited: INR 2 Lac</p> <p>Nursing Care at Home: 5L: INR 25,000 10L: INR 50,000 Unlimited: INR 1 Lac</p> <p>Blood Transfusion: 5L: INR 25,000 10L: INR 50,000 Unlimited: INR 1 Lac</p> <p>Physiotherapy: 5L: INR 25,000 10L: INR 50,000 Unlimited: INR 1 Lac</p> <p>Single Nurse Procedural Visit: INR 10,000</p> <p>Financial Guidance: One Session</p>			
46	Health Vouchers	Download the App and get Health Vouchers. Use this for a variety of health related services and benefits available right on the app.			
47	Critical Illness	We will pay up to INR 3Cr for Listed Critical Illnesses			
48	Compassionate Visit	If you are hospitalized for more than 10 consecutive days, we will pay for the economy class air ticket/railway return ticket for your immediate family member.			
49	Pre-Hospitalization Modification	Opt to modify to reduce to 30 days or by increasing to 90/180 Days.			
50	Post-Hospitalization Modification	Opt to modify to reduce to 30,60,90 Days days or by increasing to 270/365 Days.			
51	Flight-Mode	When you travel abroad, choose to Pause your policy. Extend the policy for the number of days paused. Maximum 30 Days.			
52	Initial Wait Period Modification	Opt to modify to reduce to 7,10,15 Days.			
53	Vaccination Cover	Cover Vaccinations through our Network Providers			
54	Convalescence Benefit	We will pay INR 10,000 if hospitalized for more than 10 days.	We will pay INR 20,000 if hospitalized for more than 10 days.	We will pay INR 20,000 if hospitalized for more than 10 days.	We will pay INR 50,000 if hospitalized for more than 10 days.

55	Dependent Accommodation Benefit	Dependent to get INR 1000 per day of hospitalization. Maximum up to 10 Days	We will pay INR 20,000 if hospitalized for more than 10 days.	Dependent to get INR 2000 per day of hospitalization. Maximum up to 10 Days	Dependent to get INR 4000 per day of hospitalization. Maximum up to 10 Days
a	Emergency Hospitalization	Covered up to International Sum Insured			
b	Emergency Medical Evacuation	Covered up to International Sum Insured			
c	OPD cover	Covered up to International Sum Insured with a co-payment of 20%			
d	Compassionate visit	Covered up to International Sum Insured			
e	Loss of Passport	Covered up to INR 20,000			
F	Loss of checked-in baggage	Covered up to INR 10,000			
G	Return of mortal remains	Covered up to International Sum Insured			
H	Trip Cancellation	INR 25,000			
I	Trip Interruption	INR 25,000			
J	Trip Delay	INR 10,000			
K	Delay of Checked-in Baggage	INR 5,000			
L	Medical repatriation	Covered up to International Sum Insured			
57	Modern Treatments+	Opt to remove the 1L per claim limit on Modern Treatments	Opt to remove the 1L per claim limit on Modern Treatments	NA	NA
58	Air Ambulance+	Opt to avail air ambulance up to INR 2.5L	Opt to avail air ambulance up to INR 2.5L	NA	NA

be offered to Unlimited Sum Insured.

WellConsult+

Benefit	1X/2X/3X/4X/5X of Base Premium will be WellConsult+ Sum Insured
Teleconsultation	Unlimited
In-clinic Doctor Consultation	37.5% of WellConsult+ Sum Insured
Prescribed Lab & Radiology	20% of WellConsult+ Sum Insured
Prescribed Pharmacy	5% of WellConsult+ Sum Insured
Dental Procedures	12.5% of WellConsult+ Sum Insured
Ophthal Consultations	12.5% of WellConsult+ Sum Insured
Physiotherapy Consultations	12.5% of WellConsult+ Sum Insured
Diet & Nutrition	Unlimited
Mental Wellness	Unlimited
Gym Membership	2/week/insured
AI Fitness Videos	Unlimited

Live-Fit

S. No	Benefits	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7	Plan 8	Plan 9	Plan 10	Plan 11	Plan 12
1	Gym Memberships*	NA	NA	NA	NA	NA	1/week	2/week	3/week	4/week	5/week	6/week	7/week
2	Smart Fitness Coaching	Unlimited	NA	NA	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
3	Global Workout Classes	NA	Unlimited	NA	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
4	Diet & Nutritionist Coaching	NA	NA	Unlimited	NA	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
5	In-App Activity Tracking	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

EyeGuard

Benefits	1	2	3	4	5	6	7
Prescription Glasses	INR 1000	INR 1000	INR 1000	INR 2000	INR 5000	INR 5000	INR 1,000
Non-Prescription Sunglasses (can be availed if Prescription Glasses are not availed)	NA	NA	INR 500	NA	NA	INR 2000	INR 500
Basic eye checkup through Optometrist	Yes	Yes	Yes	Yes	Yes	Yes	NA
Ophthalmologist consultation	NA	1	1	1	1	1	NA
Upto 15% off on Eye Surgeries	NA	Yes	Yes	Yes	Yes	Yes	NA

Wellness for Women:

Benefits	1	2	3	4	5	6
Personalized Content Feed	NA	✓	✓	✓	✓	✓
Community	✓	✓	✓	✓	✓	✓
Trackers, Toolkits and & health monitoring	✓	✓	✓	✓	✓	✓
Stress Management	NA	✓	✓	✓	✓	✓
Special Sections	NA	✓	✓	✓	✓	✓
Medical repository		✓	✓	✓	✓	✓
Recorded sessions and webinars	NA	✓	✓	✓	✓	✓
Live Webinars	Limited	Limited	Unlimited	Unlimited	Unlimited	Unlimited
Dedicated Personal Coach	NA	NA	✓	✓	✓	✓
Special Courses	NA	NA	✓	✓	✓	✓
Online consults	NA	NA	2	4	4	Unlimited
Yoga, Dance, Strength Training (Online)	NA	NA	30 Days	90 Days	Unlimited	Unlimited

ElderOne

Benefits	1	2	3	4
Regular check-ins (virtual)	NA	Once/month	Twice/month	Once/Week
Community engagement (Virtual) - webinars, sessions, activities, etc.	Yes	Yes	Yes	Yes
Dedicated elder care relationship manager	NA	Yes	Yes	Yes
Updates to family members	NA	Yes	Yes	Yes
Mobile Application access(iOS & Andriod)	Yes	Yes	Yes	Yes
Fall risk assessment	NA	NA	Once	Once
Regular check -ins (in-person)	NA	NA	2 Visits	4 Visits
Accessibility to mental health support	NA	2	4	6
Cognitive Health Screening	NA	Yes	Yes	Yes
Support in curating travel plans and booking assistance	Yes	Yes	Yes	Yes
Care Concierge Desk (Discounts on Services) - Arrange for Bedside care taker - Home Nursing services - Doctor Home Visits - Wound Dressing Services - Medical Equipment's at Home - Medical bed, oxygen, wheelchair, airbed etc..	Yes	Yes	Yes	Yes

Annexure VII – Benefit Illustration

Benefit Illustration (5 Lac Sum Insured, Policy Term 1 year)										
Age of the members insured	Coverage opted on individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum Insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum Insured (Only one Sum Insured is available for the entire family)			
	Premium (Rs.)	Sum Insured (Rs.)	Premium (Rs.)	Discount, if any	Premium after discount (Rs.)	Sum Insured (Rs.)	Premium or Consolidated premium for all members of family (Rs.)	Floater discount, if any	Premium after discount (Rs.)	Sum Insured (Rs.)
Illustration 1										
18	4,950.98	5,00,000	4,950.98	495.10	4,455.88	5,00,000	4,950.98	6,893.27	14,934.71	5,00,000
21	4,950.98	5,00,000	4,950.98	495.10	4,455.88	5,00,000	4,950.98			
39	5,682.34	5,00,000	5,682.34	568.23	5,114.11	5,00,000	5,682.34			
45	6,243.68	5,00,000	6,243.68	624.37	5,619.31	5,00,000	6,243.68			
Total premium for all members of the family is Rs. 21,827.98 , when each member is covered separately. Sum Insured available for each individual is Rs.500,000 .			Total premium for all members of the family is Rs. 19,645.18 , when they are covered under a single policy. Sum Insured available for each family member is Rs.5,00,000 .				Total premium when the policy is opted on floater basis is Rs.14,934.71 Sum Insured of Rs.500,000 is available for the entire family.			
Illustration 2										
55	11,852.82	5,00,000	11,852.82	1,185.28	10,667.54	5,00,000	11,852.82	818.88	32,704.00	5,00,000
63	21,670.07	5,00,000	21,670.07	2,167.01	19,503.06	5,00,000	21,670.07			
Total premium for all members of the family is Rs. 33,522.88 , when each member is covered separately. Sum Insured available for each individual is Rs.500,000 .			Total premium for all members of the family is Rs. 30,170.60 , when they are covered under a single policy. Sum Insured available for each family member is Rs.5,00,000 .				Total premium when the policy is opted on floater basis is Rs. 32,704.00 Sum Insured of Rs.500,000 is available for the entire family.			
Illustration 3										
65	23,681.57	5,00,000	23,681.57	2,368.16	21,313.41	5,00,000	23,681.57	5,567.86	46,374.00	5,00,000
70	28,260.29	5,00,000	28,260.29	2,826.03	25,434.26	5,00,000	28,260.29			
Total premium for all members of the family is Rs. 51,941.86 , when each member is covered separately. Sum Insured available for each individual is Rs.500,000 .			Total premium for all members of the family is Rs. 46,747.67 , when they are covered under a single policy. Sum Insured available for each family member is Rs.5,00,000 .				Total premium when the policy is opted on floater basis is Rs. 46,374.00 Sum Insured of Rs.500,000 is available for the entire family.			

Note: Premium rates specified in the above illustration are standard premium rates without considering any loading. Also, the premium rates are exclusive of taxes applicable.

Zone 8 and Classic Variant premium is considered