ELIXIR

Prospectus cum Sales Literature

Policy Design

- Niva Bupa's 'Elixir' product can be issued to individual customer(s)
- This policy covers persons in the age group 91 days to 65 years. The maximum entry age is restricted to 65 years. The Minimum entry age for adult dependent is 18 years and maximum entry age is 65 years.
- There is no maximum cover ceasing age on renewals.
- In an Individual policy, maximum up to 6 members (maximum of 4 adults and a maximum of 5 children can be included in a single policy. The 4 adults can be a combination of self, spouse, father, father in law, mother or mother in law, employer, employee). 10% discount on premium if 2 or more members are covered under an individual policy.
- As this product is being sold as a joint product with Life Insurance/General Insurance products, it would be issued simultaneously with those products.
- Policy term is 1 year
- **Doctor discount**: 5% discount on premium if an Insured Person is a certified Medical Practitioner.

1. **Coverage Options**

   Sum Insured options of 5 Lakhs, 10 lakhs and 15 lakhs. The details of the benefits are specified in Annexure III - Product Benefit Table.

2. **Benefits available under the policy**

   2.1 **Expenses in reaching a Hospital**

   a. **Road Ambulance**: We will cover expenses up to INR 2,000 per Hospitalization.

   b. **Air Ambulance**: Only in case of Emergency. Up to Sum Insured for Cashless Claims and INR 2,50,000 for reimbursement claims. This will be paid only if claim for hospitalization is paid by us.

   Note: You must always use a registered ambulance / air ambulance provider

   2.2 **Expenses during Hospitalization**

   a. We will pay the expenses incurred by you on treatment (Naturally this excludes expenses not linked to treatment like food, beverage, toiletries and cosmetics) if you were:

   - Admitted for 24 hours or more (AYUSH or otherwise)

   NOTE: Admission in a hospital happens in what is called wards or rooms of various categories, ICUs, CCUs, NICU etc or in Day care.

   IMPORTANT:

   i. **We will NOT pay, even if you were admitted, if there was no treatment and only investigations were done. Example: Admission only for investigations like MRI, CT Scan, Endoscopy, Colonoscopy etc**.

   ii. **We will NOT pay for Automation machine for peritoneal dialysis**

   iii. **We will pay for Invasive Angiography even though it is an investigation. But we will not pay for non-invasive angiography like CT angiogram**

   b. We pay for all day treatments up to the limits specified in your policy schedule.

   Note: The Day Care Treatment would be covered if the Insured Person is admitted for more than 2 hours and would also cover treatment taken for Angiography, Dialysis, Radiotherapy or Chemotherapy for cancer.

c. We pay for **Modern treatments** as specified below:

1. Uterine Artery Embolization and HIFU (High intensity focused ultrasound)	2. Immunotherapy-Monoclonal Antibody to be given as injection	3. Vaporisation of the prostrate (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)

Note: Full Sum Insured will be available for the following robotic surgeries

- Total Radical Prostatectomy
- Cardiac surgeries
- Partial Nephrectomy
- Surgeries for malignancies

For other Robotic surgeries, maximum limit of INR 1,00,000 will apply.

2.3 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.

2.4 **Home Care Treatment**

We will indemnify the Medical Expenses incurred on the Insured Person's treatment taken at home for Chemotherapy or Dialysis.

Note:

- We will pay for Pre & Post hospitalization benefit as per section 2.3 for Home Care Treatment.
- **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.)

2.5 **Domiciliary Hospitalization**

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:

a. The medical practitioner advices the insured person to undergo treatment at home

b. 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

c. 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 2.3 for Domiciliary Hospitalization.

2.6 **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 **Hospitalisation** claim is paid.

2.7 **Annual Health Check-up**

The Insured Person may avail a health check-up, only for Diagnostic Tests, up to a sub-limit as specified in Your Policy Schedule. This benefit is available ONLY on cashless and no re-imbursement is allowed.

List of tests covered:		
Complete blood count (CBC)	Complete Physical Examination by Physician	Serum Electrolytes
Urine Routine	Post prandial/lunch blood sugar (PPBS / PLBS)	HbA1C
Erythrocyte Sedimentation Rate (ESR)	Uric Acid	Thyroid profile (TSH)
Fasting Blood Glucose	Lipid Profile	Liver Function Test (LFT)
S Cholesterol	Kidney Function Test (KFT)	Treadmill test (TMT)
Electrocardiogram	Serum Vitamin D	Ultrasound test (USG)

Note:

a. This benefit is available only once in a Policy Year and if you undergo multiple tests, make sure that all these are done within 7 days.

b. Any unutilized amount cannot be carried forward to the next policy year.

2.8 **ReAssure**

Enjoy unlimited Sum Insured. The first paid hospitalization or domiciliary / home care claim triggers ReAssure.

Note:

a. Maximum **amount ReAssure pays for any single claim is up to Base Sum Insured**.

b. **Pre and Post hospitalization expenses as per section 2.3 cannot be claimed in the first claim if base sum insured, booster sum insured (if applicable) and/or Safeguard/Safeguard+ sum insured (if applicable) have been completely exhausted**.

Illustration:

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

2.9 **Booster Benefit**

Get 50% of the base sum insured as Booster Sum insured if the policy is renewed with us without a break and no claim has been made in the previous policy year.

Maximum booster sum insured will get accrued up to 100% of the base sum insured.

Conditions:

a. In case the Base Sum Insured under the Policy is reduced at the time of Renewal, the applicable accumulated Cumulative Bonus shall also be reduced in proportion to the Base Sum Insured.

b. In case the Base Sum Insured under the Policy is increased at the time of Renewal, the applicable accumulated Cumulative Bonus shall also be increased in proportion to the Base Sum Insured.

c. This benefit is not applicable for Health Check-up, Second Medical Opinion, and Personal Accident Cover. Enhancement of Sum Insured due to Booster benefit cannot be utilized for the aforementioned benefits.

d. If a claim has been made in the immediately preceding Policy Year, We will reduce the accumulated Cumulative Bonus by 50% of expiring Base Sum Insured. Whereas, if a reported claim has been denied by Us, the Insured Persons will be eligible for this benefit.

e. If a claim has been made in the immediately preceding Policy Year under Individual Policy, the reduction in accumulated Cumulative Bonus shall be applicable only to the Insured Person(s) who have claimed.

Note:

a. Sub-limits will not change due to increase in Booster sum insured

2.10 **Shared accommodation Cash Benefit**

If you opt for a shared room, we will pay an additional amount for each day's hospitalization. One day is considered as 24 continuous hours of hospitalization.

2.11 **Second Medical Opinion**

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

Optional Benefits

2.12 **Personal Accident**

If the Insured Person covered under this optional benefit dies or sustains any Injury resulting solely and directly from an Accident occurring during the Policy Period at any location worldwide, and while the Policy is in force, We will provide the benefits described below.

a. **Accident Death (AD)**

If the Injury due to Accident solely and directly results in the Insured Person's death within 365 days from the occurrence of the Accident, We will make payment of Personal Accident Cover Sum Insured specified in the Policy Schedule. If a claim is made under this optional benefit, the coverage for that Insured Person under the Policy shall immediately and automatically cease. Any claim incurred before death of such Insured person shall be admissible subject to terms and conditions under this Policy.

b. **Accident Permanent Total Disability (APTD)**

If the Injury due to Accident solely and directly results in the Permanent Total Disability of the Insured Person which means that the Injury results in one or more of the following conditions within 365 days from the occurrence of an Accident, We will make payment of 125% of the Personal Accident Cover Sum Insured as specified in the Policy Schedule.

a. Loss of use of limbs or sight

The Insured Person suffers from total and irrecoverable loss of:

- The use of two limbs (including paraplegia and hemiplegia) OR
- The sight in both eyes OR
- The use of one limb and the sight in one eye

b. Loss of independent living

The Insured Person is permanently unable to perform independently three or more of the following six activities of daily living.

- Washing: the ability to maintain an adequate level of cleanliness and personal hygiene.
- Dressing: the ability to put on and take off all necessary garments, artificial limbs or other surgical appliances that are medically necessary.
- Feeding: the ability to transfer food from a plate or bowl to the mouth once food has been prepared and made available.
- Toileting: the ability to manage bowel and bladder function, maintaining an adequate and socially acceptable level of hygiene.
- Mobility: the ability to move indoors from room to room on level surfaces at the normal place of residence.
- 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.

Conditions - The above coverage is subject to fulfilment of following conditions:

a. The Permanent Total Disability is proved through a disability certificate issued by a Medical Board duly constituted by the Central and/or the State Government; and

b. We will admit a claim under this optional benefit only if the Permanent Total Disability continues for a period of at least 6 continuous calendar months from the commencement of the Permanent Total Disability unless it is irreversible, such as in case of amputation/loss of limbs etc; and

c. If the Insured Person dies before a claim has been admitted under this optional benefit, no amount will be payable under this optional benefit, however We will consider the claim under Section 2.12.a (Accident Death) subject to terms and conditions mentioned therein; and

d. We will not make payment under Accident Permanent Total Disability more than once in the Insured Person's lifetime for any and all Policy Periods.

e. If a claim under this optional benefit is admitted, then coverage for the Insured Person will immediately and automatically cease under Section 2.12(Personal Accident Cover) and this optional benefit shall not be applied in respect of that Insured Person on any Renewal thereafter. However, other applicable benefits can be Renewed in respect of the Insured Person.

c. **Accident Permanent Partial Disability (APPD)**

If the Injury due to Accident solely and directly results in the Permanent Partial Disability of the Insured Person which is of the nature specified in the table below within 365 days from the occurrence of such Accident, We will make payment under this optional benefit in accordance with the table below:

Conditions - The above coverage is subject to fulfilment of following conditions:

a. The Permanent Partial Disability is proved through a disability certificate issued by a Medical Board duly constituted by the Central and/or the State Government; and

b. We will admit a claim under this optional benefit only if the Permanent Partial Disability continues for a period of at least 6 continuous calendar months from the commencement of the Permanent Partial Disability, unless it is irreversible; and

c. If the Insured Person dies before a claim has been admitted under this optional benefit, no amount will be payable under this optional benefit, however We will consider the claim under Section 2.12.a (Accident Death) subject to the terms and conditions mentioned therein.

d. If a claim under this optional benefit has been admitted, then no further claim in respect of the same condition will be admitted under this optional benefit.

e. If a claim under this optional benefit is paid and the entire Personal Accident Sum Insured specified in the Policy Schedule does not get utilized, then the balance Personal Accident Cover Sum Insured shall be available for further claims under Section 2.12 (Personal Accident Cover) until the entire Personal Accident Cover Sum Insured is consumed. The Personal Accident Cover Sum Insured specified in the first Policy Schedule shall be a lifetime limit for the Insured Person and once this limit is exhausted, coverage for the Insured Person will immediately and automatically cease under Section 2.12 (Personal Accident Cover) and this optional benefit shall not be applied in respect of that Insured Person on any Renewal thereafter. However, other applicable benefits can be Renewed in respect of the Insured Person

Permanent Partial Disability Grid		
S. No.	**Nature of Disability**	**% of Personal Accident Cover Sum Insured payable**
1	Loss or total and permanent loss of use of both the hands from the wrist joint	100%
2	Loss or total and permanent loss of use of both feet from the ankle joint	100%
3	Loss or total and permanent loss of use of one hand from the wrist joint and of one foot from the ankle joint	100%
4	Loss or total and permanent loss of use of one hand from the wrist joint and total and permanent loss of sight in one eye	100%
5	Loss or total and permanent loss of use of one foot from the ankle joint and total and permanent loss of sight in one eye	100%
6	Total and permanent loss of speech and hearing in both ears	100%
7	Total and permanent loss of hearing in both ears	50%
8	Loss or total and permanent loss of use of one hand from wrist joint	50%
9	Loss or total and permanent loss of use of one foot from ankle joint	50%
10	Total and permanent loss of sight in one eye	50%
11	Total and permanent loss of speech	50%
12	Permanent total loss of use of four fingers and thumb of either hand	40%
13	Permanent total loss of use of four fingers of either hand	35%
14	Uniplegia	25%
15	Permanent total loss of use of one thumb of either hand	
	a. Both joints	25%
	b. One joint	10%
16	Permanent total loss of use of fingers of either hand	
	a. Three joints	10%
	b. Two joints	8%

	c. One joint	5%
17	Permanent total loss of use of toes of either foot	
	a. All toes- one foot	20%
	b. Great toe- both joints	5%
	c. Great toe- one joint	2%
	d. Other than great toe, one toe	1%

2.13 **Safeguard**

a. **Claim Safeguard**: We will cover non-payable items mentioned in '**List I – Expenses not covered' of Annexure I**' . Clause 2.1.39 for Reasonable and Customary Charges of the policy wordings will still apply.

b. **Booster Safeguard**: Booster will not be impacted if the total claim in a policy year is up to INR 50,000.

c. **Sum Insured Safeguard**: Preserves the value of Sum Insured. Safeguards it against inflation. We will increase the Base Sum Insured on cumulative basis at each renewal by the rate of inflation in the previous year. Inflation rate would be the average consumer price index (CPI) of the entire calendar year published by the Central Statistical Organization (CSO).

Note: You will lose all accumulated Sum Insured Safeguard if you opt out of this benefit at any point in time.

2.14 **Safeguard+**

a. **Claim Safeguard+**: We will cover non-payable items mentioned in **'List I,II,III,IV** of **Annexure I**'.Clause 2.1.39 for Reasonable and Customary Charges of the policy wordings will still apply.

b. **Booster Safeguard+**: Booster will not be impacted if the total claim in a policy year is up to INR 1,00,000.

c. **Sum Insured Safeguard+**: Preserves the value of Sum Insured. Safeguards it against inflation. We will increase the Base Sum Insured on cumulative basis at each renewal by the rate of inflation in the previous year. Inflation rate would be the average consumer price index (CPI) of the entire calendar year published by the Central Statistical Organization (CSO).

Note: You will lose all accumulated Sum Insured Safeguard+ if you opt out of this benefit at any point in time.

Note: You can either choose Safeguard or Safeguard+ at a given point in time.

3. **Exclusions**

3.1 **Standard Exclusions**

3.1.1 **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.

3.1.2 **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-days 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

3.1.3 **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.

3.1.4 **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.

3.1.5 **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.

3.1.6 **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

3.1.7 **Change-of-Gender treatments (Code-Excl07)**

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

3.1.8 **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.

3.1.9 **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.

3.1.10 **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.

3.1.11 **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.

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

3.1.13 **Treatments** received in heath hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. **(Code-Excl13)**

3.1.14 **Dietary** supplements and substances that can be purchased without prescription, including but not limited to vitamins, minerals and organic substances unless prescribed by a Medical Practitioner as part of Hospitalization claim or Day Care procedure **(Code-Excl14)**

3.1.15 **Refractive Error (Code-Excl15)**

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

3.1.16 **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.

3.1.17 **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

3.1.18 **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.

3.2 **Specific Exclusions**

3.2.1 **Personal Waiting Periods**:

Conditions specified for an Insured Person under Personal Waiting Period in the Policy Schedule will be subject to a Waiting Period of up to 48 months from the inception of the First Policy with Us for that Insured Person and will be covered from the commencement of the third Policy Year for that Insured Person as long as the Insured Person has been insured continuously under the Policy without any break.

3.2.2 **Charges** related to a Hospital stay not expressly mentioned as being covered. This will include charges for RMO charges, surcharges and service charges levied by the Hospital.

3.2.3 **Circumcision**:

Circumcision unless necessary for the treatment of a disease or necessitated by an Accident.

3.2.4 **Conflict & Disaster**:

Treatment for any Injury or Illness resulting directly or indirectly from nuclear, radiological emissions, war or war like situations (whether war is declared or not), rebellion (act of armed resistance to an established government or leader), acts of terrorism.

3.2.5 **External Congenital Anomaly**:

Screening, counseling or treatment related to external Congenital Anomaly.

3.2.6 **Dental/oral treatment**:

Treatment, procedures and preventive, diagnostic, restorative, cosmetic services related to disease, disorder and conditions related to natural teeth and gingiva except if required by an Insured Person while Hospitalized due to an Accident.

3.2.7 **Hormone Replacement Therapy**:

Treatment for any condition / illness which requires hormone replacement therapy.

3.2.8 **Medical** & ambulatory devices used at home like BP monitors, Sugar monitors, automation device for peritoneal dialysis, CPAP, BiPAP, Crutches, wheel chair.

3.2.9 **Sexually transmitted Infections & diseases (other than HIV / AIDS)**:

Screening, prevention and treatment for sexually related infection or disease (other than HIV / AIDS).

3.2.10 **Sleep disorders**:

Treatment for any conditions related to disturbance of normal sleep patterns or behaviors.

3.2.11 **Any** expenses incurred on OPD treatment.

3.2.12 **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.

3.2.13 **Treatment** related to intentional self-inflicted Injury or attempted suicide by any means.

3.2.14 **Artificial** life maintenance for the Insured Person who has been declared brain dead or in vegetative state as demonstrated by:

a. Deep coma and unresponsiveness to all forms of stimulation; or

b. Absent pupillary light reaction; or

c. Absent oculovestibular and corneal reflexes; or

d. Complete apnea.

3.2.15 **If** as per any or all of the medical references herein below containing guidelines and protocols for evidence based medicines, the Hospitalization for treatment under claim is not necessary or the stay at the Hospital is found unduly long:

a. Medical text books,

b. Standard treatment guidelines as stated in clinical establishment act of Government of India,

c. World Health Organisation (WHO) protocols,

d. Published guidelines by healthcare providers,

e. Guidelines set by medical societies like cardiological society of India, neurological society of India etc.

3.2.16 **Permanent Exclusions for Personal Accident Cover**

We shall not be liable to make any payment under any benefits under Section 2.12 (Personal Accident Cover) if the claim is attributable to, or based on, or arises out of, or is directly or indirectly connected to any of the following:

a. Suicide or self-inflicted Injury, whether the Insured Person is medically sane or insane.

b. 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.

c. Service in the armed forces, or any police organization, of any country at war or at peace or service in any force of an international body or participation in any of the naval, military or air force operation during peace time.

d. Any change of profession after inception of the Policy or any Renewal which results in the enhancement of Our risk, if not accepted and endorsed by Us on the Policy Schedule.

e. Committing an assault, a criminal offence or any breach of law with criminal intent.

f. Taking or absorbing, accidentally or otherwise, any intoxicating liquor, drug, narcotic, medicine, sedative or poison, except as prescribed by a Medical Practitioner other than the Policyholder or an Insured Person.

g. Participation in aviation/marine activities (including crew) other than as a passenger in an aircraft/water craft that is authorized by the relevant regulations to carry such passengers between established airports or ports.

h. Engaging in or taking part in professional/adventure sports or any hazardous pursuits, speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving, polo, snow and ice sports, hunting.

4. General Terms and Conditions

4.1. Standard General Terms and Clauses

4.1.1. Free Look Period

The Free Look Period shall be applicable on individual health insurance policies and not on renewals.

The insured person shall be allowed free look period of thirty days from date of receipt of the policy document to review the terms and conditions of the policy.. If he/she is not satisfied with any of the terms and conditions , he/she has the option to cancel his/her policy.

In the event the policyholder disagrees to any of the policy terms or conditions, or otherwise and has not made any claim, he/she shall have the option to retun the policy to the insurer for cancellation, stating the reasons for the same.

Irrespective of the reasons mentioned, the policyholder shall be entitled to a refund of the premium paid subject only to a deduction of a 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.

Simplified for you

Free look is a 30 days period during which you can return back your policy, if you don't like what you have purchased.

4.1.2. 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.

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.

4.1.3. **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.

i. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.

ii. 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.

iii. Coverage is available during the grace period.

iv. 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.

v. 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.

4.1.4. **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.

4.1.5. **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.

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.

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.

4.1.6. **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.

4.1.7. **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.

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.

4.1.8. **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)

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.

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

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

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:

Head – Customer Services

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 ID: Email our Grievance officer through our Grievance Redressal platform 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

4.1.9. **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)

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 of 2% above bank rate.

4.1.10. **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 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.	**Simplified for you** After 5 years, no health insurance claim shall be contestable except for proven fraud and permanent exclusions.
4.1.11. **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 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 pf 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	**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.
4.1.12. **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	**Simplified for you** You can shift your policy to any other health insurance product / plan offered by us as per migration guidelines.
4.1.13. **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.	**Simplified for you** You can also shift your policy to any other insurer as per portability guidelines.

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.

4.1.14. **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)

4.1.15. **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.

4.1.16. **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.

4.1.17. **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.

4.2. **Specific Terms and Clauses**

4.2.1. **Automatic Cancellation**:

The Policy shall automatically terminate in the event of death of the all Insured Person(s). A refund in accordance with Section 4.1.2 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.

4.2.2. **Additional premium (Risk Loading)**

i. 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.

ii. We will never ask for more than 100% for any particular health condition and never more than 150% for any individual.

iii. Once applied, Risk loading continues even for all renewals.

4.2.3. **Other Renewal Conditions**:

a. **Renewal Premium**:

Renewal premium will alter based on Age.

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.

d. **Split of policy for child**:

Child under an individual policy with 2 or more members, will get a separate policy at renewal after attaining age 31 years.

4.2.4. **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.

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 pay only a pro-rated portion of the total Associated Medical Expenses (including surcharge or taxes thereon) as per the following formula:

(Eligible Room Rent limit / Room Rent actually incurred) * total Associated Medical Expenses

Associated Medical Expenses shall include Room Rent, nursing charges, Medical Practitioners' fees and operation theatre charges.

e. 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

4.2.5. **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.

4.2.6. **Territorial Jurisdiction**

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

4.2.7. **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.

4.2.8. **Assignment**

The Policy can be assigned subject to applicable laws.

4.2.9. **Sum Insured(s)**

In case of Individual policy, Sum Insured means the total of the Base Sum Insured and Booster Sum Insured (if applicable). Our maximum, total and cumulative liability for all claims during the Policy Year will be Sum Insured and amount provided under ReAssure benefit.

The sequence of utilization of Sum Insured will be as below:

1. Base Sum Insured
2. Booster Sum Insured
3. Safeguard/Safeguard+ Sum Insured
4. ReAssure

If the Policy Period is 2 years or 3 years, then the Sum Insured shall be applied separately for each Policy Year in the Policy Period. All claims paid (except for Health Check-up) will reduce the Sum Insured for the Policy Year in which the insured event has occurred. Any claim admitted under Pre & Post Hospitalization shall reduce the Sum Insured for the Policy Year in which Hospital admission claim has incurred.

4.2.10. **Premium Calculation**

The premium will be charged as per the age at entry for the first 10 years of the policy. Provided that the policy is renewed without break.

After the first 10 years, premium will be charged as per the age at that point in time (10th renewal). Premium will be continued to be charged as per this age for next 10 years. Again, the policy must be renewed without break.

The same process of charging premium for the age for block of 10 years will continue perpetually as long as the policy continues.

It is important to note that the premium table for different ages may change over time owing to reasons like portfolio experience, medical inflation etc

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

List I – Expenses not covered

Sl. No.	Item	Sl. No.	Item	Sl. 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

Sl. No.	Item	Sl. No.	Item	Sl. 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, HARMONICSCAL-PEL,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/STERILLIUM
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
AHMEDABAD Shri Kuldip Singh Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu
BENGALURU Mr Vipin Anand Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka
BHOPAL Shri R. M. Singh 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: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh, Chhattisgarh

BHUBANESWAR Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455 Email: bimalokpal.bhubaneswar@cioins.co.in	Odisha
CHANDIGARH Mr Atul Jerath Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir,Ladakh & Chandigarh
CHENNAI Shri Segar Sampathkumar Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, PuducherryTown and Karaikal (which are part of Puducherry)
DELHI Shri Sudhir Krishna Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh
GUWAHATI Shri Somnath Ghosh Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura

HYDERABAD Shri N. Sankaran 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: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry
JAIPUR Shri Rajiv Dutt Sharma Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan
ERNAKULAM Shri G. Radhakrishnan Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry
KOLKATA Shri P. K. Rath Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands
LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, 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

MUMBAI Shri Bharatkumar S. Pandya 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: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane)
NOIDA Shri Chandra Shekhar Prasad 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: bimalokpal.noida@cioins.co.in	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
PATNA Shri N. K. Singh Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand
PUNE Shri Vinay Sah 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: bimalokpal.pune@cioins.co.in	Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region)

EXECUTIVE COUNCIL OF INSURERS
3rd Floor, Jeevan Seva Annexe,
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Mumbai - 400 054.
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Shri B. C. Patnaik, Secretary General
Smt Poornima Gaitonde, Secretary

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

Annexure III - Product Benefit Table

Plan Type (all limits in INR unless defined as percentage)	Individual
Base Sum Insured	5 Lakhs, 10 Lakhs, 15 Lakhs
Benefits	
Inpatient Care	Covered up to Sum Insured
Day Care Treatment	Covered up to Sum Insured
Alternative Treatments	Covered up to Sum Insured
Domiciliary Hospitalization	Covered up to Sum Insured
Modern treatments	Covered up to Sum Insured with sub-limit of INR 1 Lakh on few robotic surgeries
Pre-Hospitalization Medical Expenses (60 days)	60 Days. Up to Sum Insured
Post-Hospitalization Medical Expenses (180 days)	180 Days. Up to Sum Insured
Organ Donor	Covered up to Sum Insured
Emergency Ambulance	Covered up to INR 2,000 per hospitalization
Air Ambulance	Cashless claim: Covered up to Sum Insured / Reimbursement claim: Covered up to INR 2.5 Lakhs
Home care treatment	Covered up to Sum Insured
Booster Benefit	In case of claim free year, increase of 50% of expiring Base Sum Insured in a Policy Year; maximum up to 100% of Base Sum Insured (In case of a claim, reduction of accumulated Cumulative Bonus by 50% of expiring Base Sum Insured)
ReAssure	Unlimited reinstatement up to base Sum Insured. (Applicable for both same & different illness)
Shared accommodation Cash Benefit	INR 800 per day; maximum INR 4,800
Health Check-up	Annual (From Day 1); For defined list of tests; up to INR 500 for every INR 1 Lakh Sum Insured (Individual policy: maximum INR 5,000 per Insured;) Only cashless
Second Medical Opinion	Once for any condition for which hospitalization is triggered
Optional benefits	
Personal Accident cover (for insured aged 18 years & above on individual basis)	Personal Accident cover will be equal to 5 times of Base Sum Insured; subject to maximum of INR 100 Lakhs
Safeguard	a. Claim Safeguard: Non-payable items paid up to Sum Insured (List I) b. Booster Benefit Safeguard: No impact on Booster benefit if claim in a policy year is less than Rs. 50,000 c. Sum Insured Safeguard: CPI linked increase in Base Sum Insured
Safeguard+	a. Claim Safeguard+: Non-payable items paid up to Sum Insured (List I, II, III, IV) b. Booster Benefit Safeguard+: No impact on Booster benefit if claim in a policy year is less than Rs. 1,00,000 c. Sum Insured Safeguard+: CPI linked increase in Base Sum Insured

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	10,650.00	5,00,000	10,650.00	1,065.00	9,585.00	5,00,000	NA	NA	NA	NA
21	11,900.00	5,00,000	11,900.00	1,190.00	10,710.00	5,00,000	NA			
39	19,750.00	5,00,000	19,750.00	1,975.00	17,775.00	5,00,000	NA			
45	26,950.00	5,00,000	26,950.00	2,695.00	24,255.00	5,00,000	NA			
Total premium for all members of the family is **Rs.69,250**, 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.62,325.00**, when they are covered under a single policy. Sum Insured available for each family member is **Rs.5,00,000**.				Total premium for all members of the family is **Rs.NA**, when they are covered under a single policy. Sum Insured available for each family member is **Rs.NA**.			
			Illustration 2							
55	50,250.00	5,00,000	50,250.00	5,025.00	45,225.00	5,00,000	NA	NA	NA	NA
63	82,950.00	5,00,000	82,950.00	8,295.00	74,655.00	5,00,000	NA			
Total premium for all members of the family is **Rs.1,33,200**, 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. 1,19,880.00**, when they are covered under a single policy. Sum Insured available for each family member is **Rs.5,00,000**.				Total premium for all members of the family is **Rs.NA**, when they are covered under a single policy. Sum Insured available for each family member is **Rs.NA**.			
			Illustration 3							
65	93,500.00	5,00,000	93,500.00	9,350.00	84,150.00	5,00,000	NA	NA	NA	NA
70	1,11,050.00	5,00,000	1,11,050.00	11,105.00	99,945.00	5,00,000	NA			
Total premium for all members of the family is **Rs.2,04,550**, 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.1,84,095**, when they are covered under a single policy. Sum Insured available for each family member is **Rs.5,00,000**.				Total premium for all members of the family is **Rs.NA**, when they are covered under a single policy. Sum Insured available for each family member is **Rs.NA**.			

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.