

## **NIVA BUPA(HEALTH PULSE)**

### **Coverage Details:**

#### **Sum Insured:**

Coverage up to the Sum Insured for various treatments and services.

#### **Enhanced Benefits**

##### **Enhanced Re-fill Benefits:**

Additional coverage for multiple claims.

##### **Enhanced No Claim Bonus:**

Increased benefits for not making claims.

#### **Hospital Cash:**

Daily cash allowance for hospitalization.

#### **e-Consultation:**

Coverage for online medical consultations.

#### **Critical Illness Cover:**

Comprehensive coverage for critical illnesses.

#### **Personal Accident Cover:**

##### **Accident Death:**

Coverage in case of accidental death.

##### **Accident Permanent Total Disability:**

125% of the Personal Accident cover Sum Insured.

##### **Accident Permanent Partial Disability:**

Coverage for partial disability from an accident.

### **Optional Benefits (Available at Additional Premium):**

#### **Co-Payment:**

Option to share a percentage of the claim amount.

#### **Mental Disorders Treatment:**

Coverage for treatment of mental health conditions.

#### **HIV/AIDS Coverage:**

Coverage up to 10% of the Base Sum Insured, with a maximum of ₹50,000.

## **Modern Treatments:**

### **Robotic Surgeries:**

Coverage up to the Sum Insured with a sub-limit of `1 Lac for specific robotic surgeries.

### **Re-fill Benefits:**

#### **Re-fill Benefit:**

Additional coverage for further claims after exhausting the Sum Insured, with two refill benefits available.

### **No Claim Bonus:**

Bonus for not making any claims.

## **Additional Services:**

### **Pharmacy and Diagnostic Services:**

Coverage for medications and diagnostic tests.

### **Living Organ Donor Transplant:**

Coverage for expenses related to organ transplants from living donors.

### **Alternative Treatment:**

Coverage for alternative medicine treatments.

### **Domiciliary Treatment:**

Coverage for treatment received at home under specific conditions.

### **Day Care Treatment:**

Coverage for treatments that don't require a 24-hour hospitalization.

## **Medical Expenses Covered:**

### **Cost of Prosthetics and Devices:**

For items implanted internally during surgery.

### **Operation Theatre Charges:**

Costs associated with operating room services.

### **Intravenous Fluids and Blood Transfusions:**

Charges for fluids, blood transfusions, and injections.

### **Medicines and Drugs:**

Prescribed by the treating medical practitioner.

**Physiotherapy and Diagnostic Procedures:**

Related to the current admission.

**Medical Practitioner's Fees:**

Excluding standby services.

**Nursing Charges:**

For hospitalization as an inpatient, excluding private nursing.