

## Health Protection with a promise of love



#### **ReAssure Benefit**#

ReAssure Benefit will trigger after the 1st claim itself. It is unlimited. Each claim will be equal to the base sum insured



## **Day 1 Health Check-up**

Avail Annual Health-check up from Day 1



## Safeguard (Add-on)\*

medical tests<sup>^</sup>

Go truly cashless with coverage even for non-payable items like gloves, masks, and more.

No mandatory pre-issuance



#### No sub-limits on common health condition

No sub-limits applicable for common health conditions like cataract, joint replacements, cancer, or more.



## **Annual Aggregate Deductible**

If deductible is opted, then co-payment will not apply

For your Family's Health Insurance

**2** 1860-500-8888



# Comprehensive health protection with a promise to give our seniors a secure second innings.

Product Benefit Table (all limits in INR unless defined as percentage)		
Variant	Gold	Platinum
Base Sum Insured	5 Lacs / 10 Lacs	5 Lacs / 10 Lacs / 15 Lacs / 20 Lacs / 25Lacs
Benefits		
In-patient Care	Covered up to Sum Insured	
Room Category <sup>(1)</sup>	Shared Room	Single Private Room
Pre-Hospitalization (60 days)	Covered up to Sum Insured	
Post-Hospitalization (180 days)	Covered up to Sum Insured	
Day Care Treatment	Covered up to Sum Insured	
Modern treatments	Covered up to Sum Insured with sub-limit of INR 1 Lac per claim on few robotic surgeries	
Ambulance	Road ambulance: up to INR 2,000 per hospitalization	
	Air ambulance: up to INR 2,50,000 per hospitalization	
AYUSH Treatments	Covered up to Sum Insured	
Treatment at home (Domiciliary Hospitalization)	Covered up to Sum Insured	
Organ Donor	Covered up to Sum Insured	
No Claim Bonus	Not applicable	In case of claim free year, increase of 10% of expiring Base Sum Insured in a Policy Year; maximum up to 100% of Base Sum Insured (In case of claim, no reduction in No Claim Bonus)
ReAssure#	Not applicable	Unlimited up to base Sum Insured (Applicable for both same & different illness)
Health Check-up	Not applicable	Annual (From Day 1); For defined list of tests; up to INR 500 for every INR 1 Lac Base Sum Insured (Individual policy: maximum INR 5,000 per Insured; Family Floater policy: maximum INR 10,000 per policy)
Co-payment <sup>(1)</sup>	50%	
Optional Benefits		
Annual Aggregate Deductible <sup>(2)</sup>	1 Lacs / 2 Lacs / 3 Lacs / 4 Lacs / 5 Lacs	
Modification in co-payment	40% / 30% / 20%	
<ul> <li>Entry age: 61 to 75 years.</li> <li>Family Combination: 1 Adult or 2 Adults (Self &amp; Spouse). 2 Adults policy can be taken on individual basis.</li> </ul>		

• Family Combination: 1 Adult or 2 Adults (Self & Spouse). 2 Adults policy can be taken on individual basis or floater basis sum insured.

#### NIVA BUPA HEALTH INSURANCE COMPANY LIMITED

Registered Office Address: C-98, First Floor, Lajpat Nagar, Part 1, New Delhi-110024

Disclaimer: This is only a summary of the product features and is for reference purpose only. The details of benefits available shall be as described in the prospectus, and will be subject to the policy terms, conditions, risk factors and exclusions. Insurance is a subject matter of solicitation. Niva Bupa Health Insurance Company Limited (formerly known as Max Bupa Health Insurance Company Limited) (IRDAI Registration No. 145). 'Bupa' and 'HEARTBEAT' logo are registered trademarks of their respective owners and are being used by Niva Bupa Health Insurance Company Limited under license. CIN:U66000DL2008PLC182918, Product Name: Senior First. Product UIN: MAXHLIP21575V012021 | Add-on Name: Safeguard, Add-on UIN: MAXHLIA21576V012021 UIN: NB/SS/CA/2021-22/377. Website: www.nivabupa.com. Fax: + 91 11 30902010. Customer Helpline No.: 1860-500-8888. For more details on terms and conditions, exclusions, risk factors, waiting period & benefits, please read sales brochure carefully before concluding a sale. "Single claims under this benefit will be payable up to base sum insured. \*This is an optional cover which will be available post payment of additional premium. ^Pre-Policy Medical checkup may be required as per Underwriting guidelines.

<sup>10%</sup> additional co-payment applicable, if treatment is taken in higher room category than eligible room category.

<sup>&</sup>lt;sup>2</sup> Deductible will be 1/5th of the base sum insured chosen. If deductible is opted, then co-payment will NOT apply except as specified in point (1) for treatment taken in higher than eligible category of room.