



Family First plan

This is a unique plan which has been designed keeping in mind the health insurance needs of an Indian joint family. Covering up to 19 relationships, it offers protection to your family at two levels.

Individual Sum Insured:

This cover provides an individual sum insured for each member of the family which is the same for each family member.

Floater Sum Insured:

This cover is available as a pool for all family members and can be used by any member once his/her individual sum insured is exhausted. This provides flexibility for families to decide their optimal cover and get comprehensive coverage for each member. One of the most affordable family covers in the market, it's a smart choice for your family.

This plan can cover any of these relationships:

Self	Grandfather
Spouse	Grandmother
Son	Grandson
Daughter-in-law	Granddaughter
Daughter	Brother
Son-in-law	Sister
Father	Sister-in-law
Mother	Brother-in-law
Father-in-law	Nephew
Mother-in-law	Niece

Smart Top-up option

A cover which we find sufficient today becomes inadequate tomorrow due to increasing medical inflation. At the same time buying a large insurance cover with your current policy may not be affordable or available.

Our Top-up plan is an additional coverage offered to you with a threshold limit. It comes to effect only when your total claim in the same policy year surpasses the threshold limit of your existing policy and which should have been payable under our product.

Why is Top-up important?

Top-up is important as it takes care of the void between your existing coverage and the actual cost incurred on hospitalisation during the policy year.

When it makes sense?

It makes sense when you want to increase your total coverage without paying much. While anybody can buy our Top-up at any time, however, it is not advisable unless you have bought a base health insurance cover or the coverage offered by your insurer is at least equal to the chosen threshold limit of our Top-up.

Let us understand with an example

Policies with you	Policy A: Employer/Regular health insurance policy with SI of ₹ 5 lacs. Policy B: Health Companion Top-Up with SI of ₹ 10 lacs and threshold (aggregate deductible) limit of ₹ 5 lacs.
Situation 1: A single claim of ₹ 7 lacs	Policy A will pay ₹ 5 lacs Policy B will pay remaining ₹ 2 lacs as the threshold limit is crossed.
Situation 2: 2 claims in a year amounting to ₹ 3 lacs each	Policy A will pay ₹ 3 lacs for the first claim and ₹ 2 lacs for the second claim Policy B will pay remaining 1 lac since the total claim in the year crosses the threshold limit.
Situation 3: 2 claims in a year, one amounting to ₹ 6 lacs and the 2nd amounting to ₹ 3 lacs in the same year	Policy A will pay ₹ 5 lacs for the first claim. Policy B will pay ₹ 1 lac for the first claim and remaining ₹ 3 lacs for the 2nd claim since the total claim in the year crosses the threshold limit.

What is not covered

Pre-Existing Diseases: For Individual & Family Floater, benefits will not be available for Pre-existing Diseases for sum insured up to ₹ 4 lacs until 48 months have elapsed since inception of the first policy. For sum insured ₹ 5 lac and onwards and Family First plan such benefits shall be available after 36 months of continuous coverage have elapsed since the inception of the first Policy with us.

30-Days Waiting Period: We will not cover any treatment taken during the first 30 days since the commencement of the Policy, unless the treatment needed is a result of

an Accident. This waiting period does not apply for any subsequent and continuous renewals of your Policy.

Specific Waiting Period: For all insured persons the conditions listed below will be subject to a waiting period of 24 months and will be covered in the third policy year as long as the insured person has been insured continuously under the Policy without any break:

- Pancreatitis and Stones in Biliary and Urinary System,
- Cataract, Glaucoma and other disorders of lens, disorders of Retina,
- Hyperplasia of Prostate, Hydrocele and spermatocele,
- Abnormal Utero-vaginal bleeding, female genital Prolapse, Endometriosis/Adenomyosis, Fibroids, PCOD, or any condition requiring dilation and curettage or Hysterectomy,
- Hemorrhoids, Fissure or Fistula or Abscess of anal and rectal region,
- Hernia of all sites,
- Osteoarthritis, Systemic Connective Tissue disorders, Dorsopathies, Spondylopathies, inflammatory Polyarthropathies, Arthrosis such as RA, Gout, Intervertebral Disc disorders,
- Chronic kidney disease and failure,
- Diabetes and its related complications,
- Varicose veins of lower extremities,
- Disease of middle ear and mastoid including Otitis Media, Cholesteatoma, Perforation of Tympanic Membrane,
- All internal or external benign or In Situ Neoplasms/Tumours, Cyst, Sinus, Polyp, Nodules, Swelling, Mass or Lump,
- Ulcer, Erosion and Varices of Upper Gastro Intestinal Tract,
- Tonsils and Adenoids, Nasal Septum and Nasal Sinuses,
- Internal Congenital Anomaly.

Permanent Exclusions: Addictive conditions and disorders, Ageing and puberty, Artificial life maintenance, Circumcision, Dental/oral treatment, Conflict and disaster, External Congenital conditions, Convalescence and rehabilitation, Cosmetic surgery, Drugs and dressings for OPD Treatment or take-home use, Eyesight, Unproven/Experimental treatment, Health hydros, Nature cure, Wellness clinics etc., HIV and AIDS, Obesity, items of personal comfort and convenience, including but not limited to the list as mentioned in the policy wording, Psychiatric and Psychosomatic conditions,

OPD treatment, Stem cell implantation, Ancillary hospital charges, Preventive care, Treatment for Alopecia, Unrelated diagnostic, X-ray or laboratory examinations, Charges for medical papers, Reproductive medicine, Self-inflicted injuries, Sexual problems and gender issues, Sexually transmitted diseases, Unrecognised physician or hospital, Sleep disorders. Speech disorders, Treatment for developmental problems, Treatment received outside India, Hospitalisation undertaken for observation or for investigations only and where no medical treatment is provided, Hazardous activities, Unlawful activity, Any costs or expenses specified in the list of expenses generally excluded.

Make the right choice today

If you would like to find out more, or would like a personal quote, please speak to our specially trained sales team or your Max Bupa advisor. We are available to fully understand your requirements and help you select the right plan for you and your family.

How to reach us?

Website
www.maxbupa.com

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www.facebook.com/maxbupahealthinsurance

24x7 Toll-Free No.
1800-3010-3333

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Max Bupa Health Insurance Company Limited
Corporate Office:
B1/1-2, Mohan Cooperative Industrial Estate,
Mathura Road, New Delhi-110044
Registered Office:
Max House 1, Dr. Jha Marg, Okhla, New Delhi-110020.

Disclaimer: Insurance is the subject matter of solicitation. Max Bupa Health Insurance Company Limited. For more details on terms and conditions, exclusions, risk factors and waiting period, please read sales brochure of Health Companion Health Insurance Policy before concluding a sale.
*Max Bupa processes pre-auth requests within 30 minutes for all active policies, subject to receiving all documents and information(s) up to Max Bupa's satisfaction. The above commitment does not include pre-authorization settlement at the time of discharge or system outage
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UIN No: MB/BR/2017-2018/30, IRDA Registration No. 145
CIN No: U66000DL2008PLC182918
Product Name: Health Companion Product UIN: IRDAI/HLT/MBHU/P-H/V.III/2/2017-18, Fax: 1800-3070-3333, Email: customercare@maxbupa.com



Presenting Health Companion
THE SMARTER CHOICE



A Health Insurance Plan with a host of smart features to give you everything you need in a health cover. It is truly the smarter way to manage your entire family's health.

Why Health Companion is the right choice for your family

1. Comprehensive protection

- Covers starting from ₹ 3 Lacs to ₹ 1 Crore
- Upto 19 relationships covered in one policy
- All day-care treatments covered
- No room rent capping (except for suite or above room category) in hospitals
- Pre & post hospitalisation as well as domiciliary hospitalisation covered

2. Cashless facility

We process cashless claims within 30 minutes* across more than 3500 quality hospitals in our network.

3. Hospitalisation expenses

We take care of your medical expenses without any capping on room rent (except for suite and above

room category). Pre and post hospitalisation expenses are covered up to the sum insured, 30 days prior and 60 days post hospitalisation.

4. Refill your existing sum insured

In case you exhaust your Base Sum Insured and No Claim Bonus partially or completely, we will refill the entire insured amount for a subsequent claim in the same policy year, provided it is for an unrelated illness/injury. This benefit is not available under family first.

5. Loyalty benefits

When you renew your policy, you will be entitled to more privileges year on year:

- No Claim Bonus: We will increase your sum insured by 20% of the Base Sum Insured, for each claim-free year, subject to a maximum of 100% of Base Sum Insured. However, if you claim, the accumulated bonus and the base sum does not get reduced.
- Health Check Up: This benefit is available from the second policy year.

6. Alternative treatments

Our policy gives you the added benefit of in-patient treatment under AYUSH, which allows you to opt for Ayurveda, Unani, Siddha and Homeopathy treatments.

7. Discount on two year plan

When you take a policy for two years, you will get a welcome discount of 12.5% on the second year's premium amount.

WE BELIEVE THAT HEALTH INSURANCE SHOULD GIVE YOU PEACE OF MIND IRRESPECTIVE OF YOUR AGE, PLAN OR ANY OTHER FACTOR. HERE ARE THE KEY REASONS WHY MAX BUPA IS THE RIGHT CHOICE FOR YOU & YOUR FAMILY.

- We process your claim directly and not via third party
- We cover medical expenses for all day-care procedures
- We have no age restriction and can cover your family members from 91 days onwards
- You can be eligible for Tax Saving under Section 80D of the Income Tax Act*
- We assure you renewability for life without any extra loadings based on your claim
- Medical expenses for an organ donor's treatment for harvesting of the organ are also covered
- We take care of your medical expenses up to 30 days prior to hospitalisation and even 60 days after discharge from the hospital. This is subject to acceptance of in-patient claims by the company
- We cover costs incurred towards emergency ambulance also

Benefit Table - Health Companion (All limits in ₹ unless defined as percentage)													
Plan Type	Individual / Family Floater (Variant 1)			Individual / Family Floater (Variant 2)				Individual / Family Floater (Variant 3)					Family First
Base Sum Insured (SI) - in ₹	2 lacs ⁽¹⁾	3 lacs	4 lacs	5 lacs	7.5 lacs	10 lacs	12.5 lacs	15 lacs	20 lacs	30 lacs	50 lacs	100 lacs	Base Sum Insured: 1 Lac, 2 Lacs, 3 Lacs, 4 Lacs, 5 Lacs & 10 Lacs per Insured Person. Floater Base Sum Insured - (available on a floating basis over Base Sum Insured): 3 Lacs, 4 Lacs, 5 Lacs, 10 Lacs, 15 Lacs & 20 Lacs
Benefits	Covered up to Sum Insured			Covered up to Sum Insured				Covered up to Sum Insured					Covered up to Sum Insured
Inpatient Care	Covered up to Sum Insured			Covered up to Sum Insured				Covered up to Sum Insured					Covered up to Sum Insured
Room rent	Covered up to Sum Insured (except for Suite or above room category)			Covered up to Sum Insured (except for Suite or above room category)				Covered up to Sum Insured (except for Suite or above room category)					Covered up to Sum Insured (except for Suite or above room category)
Pre-Hospitalisation Medical Expenses (30 days)	Covered up to Sum Insured			Covered up to Sum Insured				Covered up to Sum Insured					Covered up to Sum Insured
Post-Hospitalisation Medical Expenses (60 days)	Covered up to Sum Insured			Covered up to Sum Insured				Covered up to Sum Insured					Covered up to Sum Insured
Day Care Treatment	Covered up to Sum Insured			Covered up to Sum Insured				Covered up to Sum Insured					Covered up to Sum Insured
Living Organ Donor Transplant	Covered up to Sum Insured			Covered up to Sum Insured				Covered up to Sum Insured					Covered up to Sum Insured
Emergency Ambulance	Up to ₹ 3,000			Up to ₹ 3,000				Up to ₹ 3,000					Up to ₹ 3,000
No Claim Bonus	In case of no claim, increase of 20% of expiring Base Sum Insured in a Policy Year; maximum up to 100% of Base Sum Insured			In case of no claim, increase of 20% of expiring Base Sum Insured in a Policy Year; maximum up to 100% of Base Sum Insured				In case of no claim, increase of 20% of expiring Base Sum Insured in a Policy Year; maximum up to 100% of Base Sum Insured					In case of no claim, increase of 20% of expiring Base Sum Insured in a Policy Year; maximum up to 100% of Base Sum Insured
Refill Benefit ⁽¹⁾	Up to Base Sum Insured			Up to Base Sum Insured				Up to Base Sum Insured					Not available
Vaccination for Animal Bite ⁽²⁾	Up to ₹ 2,500			Up to ₹ 5,000				Up to ₹ 7,500					Up to ₹ 5,000
Alternative Treatments	Covered up to Sum Insured			Covered up to Sum Insured				Covered up to Sum Insured					Covered up to Sum Insured
Health Check-up	Once in 2 years, as per Annexure			Annual, as per Annexure				Annual, as per Annexure					Annual, as per Annexure
Domiciliary Hospitalisation	Covered up to Sum Insured			Covered up to Sum Insured				Covered up to Sum Insured					Covered up to Sum Insured
Optional benefits													
Hospital Cash ⁽³⁾	₹ 1,000/day			₹ 2,000/day				₹ 4,000/day					₹ 1,000/day or ₹ 2,000/day
Claim cost sharing options													
Annual aggregate Deductible	Deductible of ₹ 1,2,3,4,5 and 10 lacs			Deductible of ₹ 1,2,3,4,5 and 10 lacs				Deductible of ₹ 1,2,3,4,5 and 10 lacs					Deductible of ₹ 1,2,3,4,5 and 10 lacs
Treatment only in Tiered Network ⁽⁴⁾	Available only to renewal customers (for life) who opted this cost sharing option in the expiring Policy			Available only to renewal customers (for life) who opted this cost sharing option in the expiring Policy				Available only to renewal customers (for life) who opted this cost sharing option in the expiring Policy					Available only to renewal customers (for life) who opted this cost sharing option in the expiring Policy

Policy Tenure - 1 year or 2 year. For 2 year policy 12.5% discount applicable on second year premium.

There is a 48-month waiting period for Variant 1 and 36-month waiting period for Variant 2, Variant 3 and Family First for pre-existing conditions - 2-year waiting period for specific diseases/conditions - a 30-day initial waiting period from inception.

⁽¹⁾Re-Fill benefit - Reinstate upto Base Sum Insured. Applicable for different illness

⁽²⁾Vaccination for Animal Bite (Post Bite Treatment) - OPD Benefit upto defined limit as part of overall limit

⁽³⁾Hospital Cash - Minimum 48 hrs of continuous hospitalisation required. Maximum coverage offered for 30 days/policy year/insured person. Payment made from day one subject to hospitalisation claim being admissible.

⁽⁴⁾Tiered Network - By selecting this cost sharing option, customers can avail cashless treatment in Our Network Providers in locations except Delhi (NCR), Mumbai including Suburbs, Chennai, Bengaluru, Hyderabad, Kolkata, Pune, Ahmedabad, Surat. Customers can also avail treatment (reimbursement basis) in Delhi (NCR), Mumbai including Suburbs, Chennai, Bengaluru, Hyderabad, Kolkata, Pune, Ahmedabad, Surat hospitals with 20% co-payment. Customer opting for this option will get a 10% discount.

⁽⁵⁾Sum Insured of ₹ 2 Lacs will be available for life to renewal customers who opted this Sum Insured in the expiring Policy.

Note - Policy offers both individual and family floater cover options with defined relationships allowed of husband, wife and children. (Upto 4 children are allowed)

Family First - Policy covers 19 relationships:

1. Legally married spouse as long as he or she continues to be married to You 2. Son 3. Daughter-in-law 4. Daughter 5. Father 6. Mother 7. Father-in-law as long as Your spouse continues to be married to You 8. Mother-in-law as long as Your spouse continues to be married to You 9. Grandfather 10. Grandmother 11. Grandson 12. Granddaughter 13. Son-in-law 14. Brother 15. Sister 16. Sister-in-law 17. Brother-in-law 18. Nephew 19. Niece

Annexure - Health Check-up

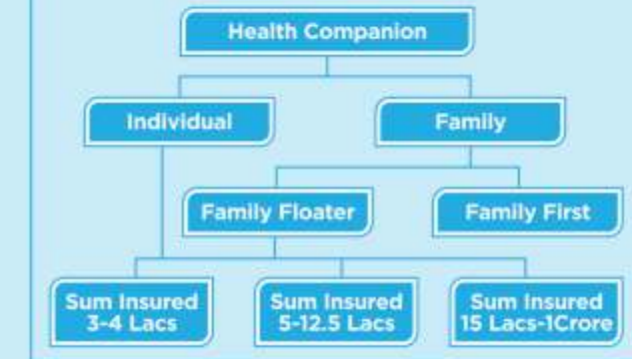
Complete Blood Count, Urine Routine, ESR, HBA1C, S Cholesterol, Sr. HDL, Sr. LDL, Urea, Kidney Function Test

Choose your plan

Health Companion has been structured in a way so that you can choose your plan according to your family's needs. The first criteria to choose from is between an Individual and Family cover plan. The Family cover is further available in two options:

Family Floater & Family First.

Under the Individual and Family Floater plans you can choose between three variants (please refer to graph) of cover, based on the sum insured. Here is a tree-plan for a better understanding.



Family Floater plan

This plan is suitable for a nuclear family, but the premium for this plan depends on the age of the eldest insured member. It is available in the following combinations:

1 Adult + 1 Child
1 Adult + 2 Children
1 Adult + 3 Children
1 Adult + 4 Children
2 Adults
2 Adults + 1 Child
2 Adults + 2 Children
2 Adults + 3 Children
2 Adults + 4 Children