HEALTH ASSURANCE

About Max Bupa Health Insurance
Introducing Max Bupa Health Insurance Company Limited, a joint venture between Max India Limited and Bupa Finance Plc., U.K. We believe in nurturing long-term relationship with our customers by providing the highest levels of quality in service.

Our Parent Companies
Max India Limited: A reputation for excellence

Max Group brings expertise in insurance and healthcare with a strong presence in Life Insurance (through Max Life Insurance Company Limited), Healthcare (through Max Healthcare Institute Ltd.) and Clinical Research (through Max Neeman Medical International Limited).

A Rs.7,891 crore group, it has over 500 offices across more than 400 locations in India as well as 4.4 million customers, more than 20,000 employees and 57,000 people, all focused on delivering customer satisfaction (Source Max India Ltd. Annual Report 2010-11).

Bupa: 60 years of Care

Established in 1947 as the British United Provident Association, Bupa today has over 11.3 million customers in over 190 countries. (Source - financial report published on the Bupa website in June 2010)

Bupa Group brings in a wealth of experience in serving customers directly in health insurance across the world. In addition to quality health insurance, Bupa runs care homes for elderly people and the young disabled, health assessments & health coaching and workplace health programmes for customers.

Health Assurance – Assurance when you need it most.

We all have dreams for our family. We want to provide them the best in life and help build a secure future for them. Sometimes these dreams are disrupted by the uncertainties of life. The money we save over years for our family could vanish in a few moments. Today’s modern lifestyle leads to sudden illnesses or accidents. These sudden illnesses or accidents force us to spend our savings on paying hospitals bills. Sometimes these diseases also force us to spend days or months in hospital or home recovering. While we recover we, also lose our earnings.

Health Assurance is made for these critical times. The plan helps you cover your expenses as per the lump-sum benefit of the policy. This helps you not only retain your savings, but also reduces any financial impact caused by the medical emergency.
Health Assurance is an individual and family oriented health insurance cover which is simple to buy and easy to understand. This plan provides you the option to choose from the following benefits:

a) Critical Illness cover
b) Hospital Cash cover
c) Personal Accident cover

These benefits can be bought individually or can be clubbed together to create higher security.

We believe that a healthy relationship is built by understanding your needs, by coming closer to you, through a continuous dialogue with you on what matters the most to you.

Which is why We offer:

- **Direct Claim Settlement**: You talk to Us directly, not through any third parties. We will be there for you when you need Us. Because you should concentrate on getting better or looking after your relatives, not chasing your claims.

**Policy Design**

- Customers will have the flexibility to pick and choose their own cover. They can opt for any of the below 7 combinations:
  - Critical Illness + Hospital Cash + Personal Accident
  - Critical Illness + Hospital Cash
  - Critical Illness + Personal Accident
  - Hospital Cash + Personal Accident
  - Critical Illness only
  - Hospital Cash only
  - Personal Accident only

Customers will also have an option to choose from 4 different levels of Sum Assured options available under all the three covers.

- Health Assurance can be issued to an individual customer or family. The family policy offers following combinations:
  - 1 Adult + 1 Child
  - 1 Adult + 2 Children
  - 2 Adults
  - 2 Adults + 1 Child
  - 2 Adults + 2 Children

  *# under Critical Illness cover only 2 Adults family option is available*

- Family includes spouse and dependent children
• Premium of family option depends on the age of the eldest insured under the family option

• Entry Age:
  o **Critical Illness:** Coverage available only for adults. Entry age is 18 years to 65 years
  o **Personal Accident:** Coverage available for adults and children. Entry age for adults is 18 years to 65 years and entry age for children is 5 years to 21 years (dependent children)
  o **Hospital Cash:** Coverage available for adults and children. Entry age for adults is 18 years to 65 years and entry age for children is 2 years to 21 years (dependent children)

• **Policy Renewal:** We offer lifetime renewability for all the three benefits under Health Assurance.

• The default policy term for all plans is one year. A two year policy term option is also available for Health Assurance Individual and Family options.

• As with all health insurance policies, you may save tax under Section 80D of the Income Tax Act when you buy a Max Bupa Health Assurance. Tax benefits are subject to changes in the tax laws, please consult your tax advisor for more details.

• Health Assurance (all benefits) is available only for Risk Class I & II occupations mentioned below:
  o Senior Management, Directors, MD’s, CFO’s, AVP’s, VP’s, Senior Managers with no exposure to outside office
  o Professional Staff with no exposure to activities outside office (like doctors/dentists, lawyers, accountants, actuaries, engineers, teachers etc)
  o Partners and Associates with no exposure to activities outside office
  o Middle or Junior Management
  o Secretarial and clerical/administrative staff
  o Business services (advertising, employment agencies, data processing, office equipment etc.)
  o Senior Management with some exposure to activities outside office (not municipalities)
  o Professional staff with some exposure to work outside office (surveyors, geologists etc)
  o Partners and Associates with some exposure to activities outside office
  o Professional salespersons (without any travel or delivery job)
  o Retail Business (Owners of shops/commercial spaces)
Sum Assured

- The Sum Assured options:

<table>
<thead>
<tr>
<th>Cover</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical Illness</td>
<td>3 lacs</td>
<td>5 lacs</td>
<td>7.5 lacs</td>
<td>10 lacs</td>
</tr>
<tr>
<td>Hospital Cash</td>
<td>1,000/day</td>
<td>2,000/day</td>
<td>3,000/day</td>
<td>4,000/day</td>
</tr>
<tr>
<td>Personal Accident</td>
<td>5 lacs</td>
<td>10 lacs</td>
<td>20 lacs</td>
<td>25 lacs</td>
</tr>
</tbody>
</table>

Illustrations:

Mr Jain is interested in purchasing a fixed benefit product which would offer him complete protection in conditions of Critical Illness and Personal Accidents. He also wants a cover which would offer coverage for incidental expenses in case of any hospitalisation. Health Assurance will give customer the flexibility of picking any level of coverage under all the three benefits.

Mr Jain will have the flexibility to opt for any combination of levels of coverage under all the three benefits. He can opt for Level 1 (Sum Assured – Rs 3 lacs) under Critical Illness, Level 2 (Sum Assured – Rs 2,000/day) under Hospital Cash and Level 3 (Sum Assured – Rs 20 lacs) under Personal Accident cover.

Health Assurance does not restrict customers from choosing any Sum Assured under any of the three benefits.

Product Features and Benefits – Key Highlights:

1. Personal Accident Cover (Individual or Family option)

   If any of the Insured Persons dies or sustains any bodily injury resulting solely and directly from accident occurring during the policy period at any location worldwide, and while the Policy is in force, We will provide the benefits described below:

   i. Accidental Death
      
      If an Insured Person dies solely and directly due to accidental bodily injury within 90 days from occurrence of such accidental bodily injury We will pay the Sum Assured specified in the Schedule of Insurance Certificate.

   ii. Child Education Benefit (only in Family option, where children have been included)
      
      If We have accepted a claim for the accidental death of the proposer, then in addition to any amount payable under Accidental Death Benefit, We will make a onetime payment equal to the lower of 5% of the Sum Assured payable under Accidental Death Benefit or Rs 50,000 as an education benefit for each of that Proposer’s children, provided that each such child is an Insured Person under the Policy.
iii. **Funeral Expenses**

If We have accepted a claim for the accidental death of an Insured Person, then in addition to any amount payable under Accidental Death benefit, We will make a onetime payment of Rs 5,000 towards the funeral expenses of that Insured Person.

iv. **Accidental Permanent Total Disability (PTD)**

If an Insured Person suffers Permanent Total Disability* solely and directly due to an accident and within ninety (90) days of such accident, We will pay the Sum Assured specified in the Schedule of Insurance Certificate provided that:

- the Permanent Total Disability is proved to Our satisfaction; and a disability certificate is presented to Us, and such disability certificate shall be issued by a Medical Board duly constituted by the Central and the State Government; and
- We will admit a claim under PTD only if the disability continues for a period of at least 6 continuous calendar months from the commencement of the Permanent Total Disability; and
- If the Insured Person dies before a claim has been admitted, no amount will be payable; and
- We will not make payment under PTD in respect of an Insured Person and for any and all policy periods more than once in the Insured Person’s lifetime.
- If the Insured Person is equal to or more than 65 years of age on the date of the accident, then We will not make any payment under PTD unless the Insured Person has suffered Permanent Total Disability which is ‘Loss of use of limbs or sight’ or ‘Loss of Independent Living’.

*Permanent Total Disability means disablement of the Insured Person such that at least one of the following conditions is satisfied*

(a) **Unable to Work**

The Insured Person suffers an injury and due to such injury the Insured Person is unlikely to ever be able to engage in any occupation or employment or business for remuneration or profit.

(b) **Loss of use of limbs or Sight**

The Insured Person suffers from total and irrecoverable loss of:

i. The use of two limbs (including paraplegia and hemiplegia) OR
ii. The sight of both eyes OR
iii. The use of one limb and the sight of one eye

(c) **Loss of independent living**

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

i. **Washing**: the ability to maintain an adequate level of cleanliness and personal hygiene

ii. **Dressing**: the ability to put on and take off all necessary garments, artificial limbs or other surgical appliances that are medically necessary

iii. **Feeding**: the ability to transfer food from a plate or bowl to the mouth once food has been prepared and made available

iv. **Toileting**: the ability to manage bowel and bladder function, maintaining an adequate and socially acceptable level of hygiene

v. **Mobility**: the ability to move indoors from room to room on level surfaces at the normal place of residence

vi. **Transferring**: the ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa.

v. **Child Education Benefit (available only in Family option with children)**

If We have accepted a claim for the Permanent Total Disability (PTD) of the proposer, then in addition to any amount payable under PTD, We will make a onetime payment equal to the lower of 5% of the Sum Assured payable under PTD or Rs 50,000 as an education benefit for each of that proposer’s children, provided that each such child is an Insured Person under the Policy.

vi. **Accidental Permanent Partial Disability (PPD)**

If an Insured Person suffers Permanent Partial Disability solely and directly due to an accident within ninety (90) days of such accident, We will pay the amount specified in the grid below which is a percentage of the Sum Assured specified in the Schedule of Insurance Certificate, provided that:

The Permanent Partial Disability is proved to Our satisfaction; and a disability certificate is presented to Us, and such disability certificate shall be issued by a Medical Board duly constituted by the Central and the State Government: and

- We will admit a claim 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; and
– If the Insured Person dies before a claim has been admitted under PPD, no amount will be payable
– If a claim has been admitted under PPD, then no further claim in respect of the same condition will be admitted

<table>
<thead>
<tr>
<th>Sno</th>
<th>Nature of Permanent Partial Disability</th>
<th>% of the Sum Assured</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Loss or total and permanent loss of use of both the hands from the wrist joint</td>
<td>100%</td>
</tr>
<tr>
<td>2</td>
<td>Loss or total and permanent loss of use of both feet from the ankle joint</td>
<td>100%</td>
</tr>
<tr>
<td>3</td>
<td>Loss or total and permanent loss of use of one hand from the wrist joint and of one foot from the ankle joint</td>
<td>100%</td>
</tr>
<tr>
<td>4</td>
<td>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</td>
<td>100%</td>
</tr>
<tr>
<td>5</td>
<td>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</td>
<td>100%</td>
</tr>
<tr>
<td>6</td>
<td>Total and permanent loss of speech and hearing in both ears</td>
<td>100%</td>
</tr>
<tr>
<td>7</td>
<td>Quadriplegia</td>
<td>100%</td>
</tr>
<tr>
<td>8</td>
<td>Total and permanent loss of hearing in both ears</td>
<td>50%</td>
</tr>
<tr>
<td>9</td>
<td>Loss or total and permanent loss of use of one hand from wrist joint</td>
<td>50%</td>
</tr>
<tr>
<td>10</td>
<td>Loss or total and permanent loss of use of one foot from ankle joint</td>
<td>50%</td>
</tr>
<tr>
<td>11</td>
<td>Total and permanent loss of sight in one eye</td>
<td>50%</td>
</tr>
<tr>
<td>12</td>
<td>Total and permanent loss of speech</td>
<td>50%</td>
</tr>
<tr>
<td>13</td>
<td>Uniplegia</td>
<td>25%</td>
</tr>
</tbody>
</table>

2. Critical Illness Cover (Individual or Family Floater Option)

If an Insured Person suffers a Critical Illness during the policy period and while the Policy is in force, We will pay the Sum Assured specified in the Schedule of Insurance Certificate provided that:

– Such Critical Illness first occurs or manifests itself during the policy period; and

– The signs or symptoms of such Critical Illness commence after 90 days from the date of commencement of the Policy specified in the Schedule of Insurance Certificate; and

– The Insured Person survives for a minimum period of at least 30 days from the date of diagnosis of such Critical Illness for the claim to be admissible

– If this Critical Illness cover is in force on a Family Floater basis, then:

  (i) We will not be liable to make payment under this cover in respect of any and all Insured Persons more than once in a policy year;
(ii) If We have admitted a claim under this cover for an Insured Person in any policy year, this cover shall not be renewed in respect of that Insured Person for any subsequent policy year, but the cover will be renewed for the other Insured Persons.

For the purpose of this Critical Illness Cover, ‘Critical Illness’ means the following illnesses:

1. **Cancer of Specified Severity**

   A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma.

   The following are excluded:
   
   i. Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as premalignant or non invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN-2 & CIN-3.

   b) Any skin cancer other than invasive malignant melanoma.

   c) All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0

   d) Papillary micro-carcinoma of the thyroid less than 1 cm in diameter

   e) Chronic lymphocytic leukaemia less than RAI stage 3

   f) Microcarcinoma of the bladder

   g) All tumours in the presence of HIV infection.

2. **Open Chest CABG**

   The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner

   The following are excluded:

   a) Angioplasty and/or any other intra-arterial procedures

   b) Any key-hole or laser surgery.

3. **First Heart Attack of Specified Severity**
The first occurrence of myocardial infarction which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for this will be evidenced by all of the following criteria:

a) A history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)
b) new characteristic electrocardiogram changes
c) elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

a) Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T;
b) Other acute Coronary Syndromes
c) Any type of angina pectoris

4. Open Heart Replacement Or Repair Of Heart Valves

The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

5. Stroke Resulting In Permanent Symptoms

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source.

Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain.

Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

The following are excluded:

i. Transient ischemic attacks (TIA)
ii. Traumatic injury of the brain
iii. Vascular disease affecting only the eye or optic nerve or vestibular functions

6. **Permanent Paralysis of Limbs**

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

7. **Coma of Specified Severity**

State of unconsciousness with no reaction or response to external stimuli or internal needs.

This diagnosis must be supported by evidence of all of the following:

a) no response to external stimuli continuously for at least 96 hours;

b) life support measures are necessary to sustain life; and

c) permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

8. **Kidney Failure Requiring Regular Dialysis**

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

9. **Major Organ/Bone Marrow Transplant**

The actual undergoing of a transplant of:

One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or Human bone marrow using haematopoietic stem cells.

The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

**The following are excluded:**

- Other stem-cell transplants
- Where only islets of langerhans are transplanted

10. **Motor Neurone Disease with permanent symptoms**

Motor neurone disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

11. **Multiple Sclerosis With Persisting Symptoms**

The definite occurrence of multiple sclerosis. The diagnosis must be supported by all of the following:

- investigations including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple sclerosis;
- there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months, and
- well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with at least two clinically documented episodes at least one month apart.

Other causes of neurological damage such as SLE and HIV are excluded.

**Additional Benefits**

12. **End Stage Liver Disease**

Permanent and irreversible failure of liver function that has resulted in all three of the following:

a) Permanent jaundice; and  
b) Ascites; and  
c) Hepatic Encephalopathy.  
Liver failure secondary to drug or alcohol abuse is excluded.

13. **End-stage Lung Disease**
End stage lung disease, causing chronic respiratory failure, as evidenced by all of the following:
   a) FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
   b) Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
   c) Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less (PaO2 < 55mmHg); and
   d) Dyspnea at rest.

This diagnosis must be confirmed by a respiratory physician.

14. Major Burns

Third degree (full thickness of the skin) burns covering at least 20% of the surface of the Insured’s body. A Medical Practitioner must confirm the diagnosis and the total area involved.

Self inflicted burns are excluded.

15. Loss of Speech

Total and permanent loss of the ability to produce intelligible speech as a result of irreversible damage to the larynx or its nerve supply from the speech centres of the brain caused by injury, tumour or sickness. Medical evidence must be supplied by an appropriate specialist to confirm laryngeal dysfunction and that the loss of speech has lasted for more than 6 months continuously.

All psychiatric causes of loss of speech are excluded.

No benefit will be payable if, in general medical opinion, a device, or implant could result in the partial or total restoration of speech.

16. Deafness

Total, bilateral and irreversible loss of all sounds as a result of sickness or accident. Medical evidence to be supplied by an appropriate specialist and to include audiometric and sound-threshold testing. The deafness must not be correctable by aides or surgical procedures.
Evidence of total, bilateral and irreversible deafness persisting for at least six months has to be produced.

17. **Aplastic Anaemia**

Aplastic Anemia is chronic persistent bone marrow failure. A certified hematologist must make the diagnosis of severe irreversible aplastic anemia. There must be permanent bone marrow failure resulting in bone marrow cellularity of less than 25% and there must be two of the following:

- a) Absolute neutrophil count of less than 500/mm³
- b) Platelets count less than 20,000/mm³
- c) Reticulocyte count of less than 20,000/mm³

The Insured Person must be receiving treatment for more than 3 consecutive months with frequent blood product transfusions, bone marrow stimulating agents, or immunosuppressive agents or the Insured Person has received a bone marrow or cord blood stem cell transplant. Temporary or reversible Aplastic Anemia is excluded and not covered in this policy.

18. **Bacterial Meningitis**

Bacterial meningitis is a bacterial infection of the meninges of the brain causing brain dysfunction. There must be an unequivocal diagnosis by a consultant physician of bacterial meningitis that must be proven on analysis of the cerebrospinal fluid. There must also be permanent objective neurological deficit that is present on physical examination at least 3 months after the diagnosis of the meningitis infection.

19. **Fulminant Viral Hepatitis**

A submassive to massive necrosis of the liver by any virus, leading precipitously to liver failure.

This diagnosis must be supported by all of the following:

- a) rapid decreasing of liver size;
- b) necrosis involving entire lobules, leaving only a collapsed reticular framework;
- c) rapid deterioration of liver function tests;
- d) deepening jaundice; and
e) hepatic encephalopathy.

Acute Hepatitis infection or carrier status alone, does not meet the diagnostic criteria.

20. **Muscular Dystrophy**

Muscular Dystrophy is a disease of the muscle causing progressive and permanent weakening of certain muscle groups. The diagnosis of muscular dystrophy must be made by a consultant neurologist, and confirmed with the appropriate laboratory, biochemical, histological, and electromyographic evidence. The disease must result in the permanent inability of the insured to perform (whether aided or unaided) at least three (3) of the six (6) “Activities of Daily Living”.

Activities of Daily Living are defined as:

i. **Washing**: the ability to maintain an adequate level of cleanliness and personal hygiene

ii. **Dressing**: the ability to put on and take off all necessary garments, artificial limbs or other surgical appliances that are medically necessary

iii. **Feeding**: the ability to transfer food from a plate or bowl to the mouth once food has been prepared and made available

iv. **Toileting**: the ability to manage bowel and bladder function, maintaining an adequate and socially acceptable level of hygiene

v. **Mobility**: the ability to move indoors from room to room on level surfaces at the normal place of residence

vi. **Transferring**: the ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa.

3. **Hospital Cash (Individual or Family Option)**

If an Insured Person is hospitalised solely and directly due to a bodily injury arising from an accident or due to an Illness, then We will pay the daily allowance specified in the Product Benefit Table for each continuous and completed period of 24 hours of hospitalisation provided that:

- We shall not be liable to make any payment for hospitalisation and/or treatment and/or treatment following diagnosis which occurs within 30 days from the date of commencement of the Policy specified in the Schedule of Insurance Certificate, unless such hospitalisation is required solely and directly due to an accident;
– The Insured Person is hospitalised for a minimum period of at least 2 days with continuous and completed periods of at least 24 hours following which the daily allowance will be payable from the first day of hospitalisation;

– We shall not be liable to make payment of the daily allowance under this benefit for more than 45 days in a Policy Year, including all days of admission to the Intensive Care Unit.

If an Insured Person is required to be admitted to the Intensive Care Unit of a hospital solely and directly due to a bodily injury arising from an accident or due to an Illness, then We will pay twice the daily allowance specified in the Product Benefit Table for each continuous and completed period of 24 hours of admission in the Intensive Care Unit provided that:

   (a) We shall not be liable to make any payment for hospitalisation which occurs within 30 days from the latter of the date of commencement of the Policy specified in the Schedule of Insurance Certificate, unless such hospitalisation is required solely and directly due to an accident

   (b) We shall not be liable to make payment under this benefit for more than 7 days in a Policy Year.

   (c) The Insured Person is hospitalised for a minimum period of at least 2 days with continuous and completed periods of at least 24 hours following which the benefit amount will be payable from the first day of hospitalisation

**Premium Discount:**

5% discount will be offered to customers who opt for all the three covers under Health Assurance namely – Critical Illness, Personal Accident & Hospital Cash within 3 months of purchase of Max Bupa’s any urban indemnity retail plan. Customers will have the flexibility to opt for any Sum Assured under the three covers.

We will inform you of any such loadings charged over and above the premium and your specific consent shall be obtained for such loadings before issuance of the policy.

**Waiting Periods and Exclusions:**

We shall not be liable under this Policy for any claim in connection with or in respect of the following:

**a. Pre-Existing Diseases**

Benefits will not be available for Pre-existing Diseases until 48 months of continuous coverage have elapsed since the inception of the first Policy with Us for the respective benefit.

**b. Specific Waiting Period for the Hospital Cash Benefit under 2.3**
For the payment of the Hospital Cash Benefit, the disease conditions / treatments listed below will be subject to a waiting period of 24 months and will be covered from the commencement of the third Policy Year as long as the Insured Person has been insured continuously under the Policy without any break.

1. Stones in biliary and urinary systems
2. Lumps / cysts / nodules / polyps / internal tumours
3. Gastric and Duodenal Ulcers
4. Surgery on tonsils / adenoids
5. Osteoarthritis / Arthritis / Gout / Rheumatism / Spondylosis / Spondylitis / Intervertebral Disc Prolapse
6. Cataract
7. Fissure / Fistula / Haemorrhoids
8. Hernia / Hydrocele / Varicocele / Spermatocoele
9. Chronic Renal Failure or end stage Renal Failure
10. Sinusitis / Deviated Nasal Septum / Tympanoplasty / Chronic Suppurative Otitis Media
11. Benign Prostatic Hypertrophy
12. Joint replacement surgery
13. Dilatation and Curettage
14. Varicose veins
15. Dysfunctional Uterine Bleeding / Fibroids / Prolapse Uterus / Endometriosis
16. Diabetes and related complications
   a. Hyperglycaemia with or without coma
   b. Hypoglycaemia with or without coma
   c. Diabetic Ketoacidosis
   d. Diabetic Nephropathy
e. Diabetic Retinopathy

f. Diabetic Neuropathy

17. Hysterectomy for any benign disorder

18. Thyroid and parathyroid gland disorders excluding malignancy

19. High Blood Pressure and its complications, direct results of or accompanied by it including but not limited to stroke, cerebral hemorrhage

20. Any heart, heart valves or coronary disorders.

c. Permanent Exclusions

1. Specific Exclusions for Personal Accident Cover

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

i. Suicide or self inflicted injury, whether the Insured Person is medically sane or insane.

ii. War (whether declared or not), invasion, act of foreign enemy, hostilities, civil war, martial law, rebellion, revolution, insurrection, military or usurper power, riot or civil commotion.

iii. 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.

iv. Any change of profession after inception of the Policy which results in the enhancement of Our risk, if not accepted and endorsed by Us on the Schedule of Insurance Certificate.

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

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

vii. Inhaling any gas or fumes, accidentally or otherwise, except accidentally in the course of duty.

viii. Participation in aviation other than as a fare-paying passenger in an aircraft that is authorized by the relevant regulations to carry such passengers between established aerodromes.
ix. engaging in or taking part in professional sports or any hazardous pursuits, such as diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping;

x. Any disability arising out of Pre-existing Diseases if not accepted and endorsed by Us.

xi. Body or mental infirmity or any disease except where such condition arises directly as a correspondence of an accident during the policy period. However this exclusion is not applicable to claims made under the PPD benefit

2. Exclusions for Critical Illnesses:

In addition to any conditions and exclusions listed under each Critical Illness, We shall not be liable to make any payment of the Critical Illness Benefit if the claim is attributable to, or based on, or arise out of, or are directly or indirectly connected to any of the following:

i. Acquired Immune Deficiency Syndrome (AIDS), AIDS-related complex or infection by Human Immunodeficiency Virus (HIV); or

ii. the Insured’s attempted suicide or self-inflicted injuries while sane or insane; or

iii. any Congenital Anomaly or inherited disorder or developmental conditions of the Insured; or

iv. narcotics used by the Insured Person unless taken as prescribed by a registered doctor, or the Insured Person’s abuse of drugs and/or consumption of alcohol; or

v. Failure to seek or follow Medical Advice; or

vi. War (whether war be declared or not), invasion, act of foreign enemy, hostilities, armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, strikes; or

vii. taking part in any naval, military or air force operation during peace time; or

viii. participation by the Insured Person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.

ix. participation by the Insured Person in a criminal or a breach of law with criminal intent or
x. engaging in or taking part in professional sports or any hazardous pursuits, such as, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping; or

xi. nuclear contamination; the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.

3. Exclusions for Hospital Cash Benefit

We shall not be liable to make any payment if hospitalisation or any claim under this benefit are attributable to, or based on, or arise out of, or are directly or indirectly connected to any of the following:

i. Hospitalisation not in accordance with the diagnosis and treatment of the condition for which the hospital confinement was required;

ii. Elective surgery or treatment which is not medically necessary;

iii. Treatment for weight reduction or weight improvement regardless of whether the same is caused (directly or indirectly) by a medical condition;

iv. Any dental care or surgery of cosmetic nature, extraction of impacted tooth/teeth, orthodontics or orthognathic surgery, or temporo-mandibular joint disorder except as necessitated by an accidental injury

v. Treatment for infertility or impotency, sex change or any treatment related to it, abortion, sterilization and contraception including any complications relating thereto;

vi. Treatment arising from pregnancy and it’s complications which shall include childbirth or abortion or threatened abortion excluding ectopic pregnancy;

vii. Treatment for congenital anomaly,

viii. Hospitalisation primarily for diagnosis, X-ray examinations, general physical or medical check-up not followed by active treatment during the hospitalisation period or hospitalisation where no active treatment is given by the medical practitioner

ix. Unproven/Experimental procedures or treatments, devices or pharmacological regimens of any description

x. Alternative Treatment
xi. Treatment of any mental or psychiatric condition including but not limited to insanity, mental or nervous breakdown / disorder, depression, dementia, Alzheimer's disease or rest cures;

xii. Admission to a nursing home or home for the care of the aged for rehabilitation, or convalescence.

xiii. Treatment directly or indirectly arising from alcohol, drug or substance abuse and any illness or accidental physical injury which may be suffered after consumption of intoxicating substances, liquors or drugs;

xiv. Treatment directly or indirectly arising from or consequent upon war (whether war be declared or not), invasion, acts of foreign enemies, hostilities, civil war, rebellion, active participation in strikes, riots or civil commotion, revolution, insurrection or military or usurped power, and full-time service in any of the armed forces;

xv. Acquired Immune Deficiency Syndrome (AIDS) and all illnesses or diseases caused by or related to the Human Immuno-deficiency Virus;

xvi. Sexually transmitted diseases;

xvii. Cosmetic or plastic surgery except to the extent that such surgery is necessary for the repair of damage caused solely by accidental injuries; treatment of xanthelesema, syringoma, acne and alopecia;

xviii. Nuclear disaster, radioactive contamination and/or release of nuclear or atomic energy;

xix. Treatment for accidental physical injury or illness caused by intentionally self-inflicted injuries; or any attempts of suicide while sane or insane;

xx. Treatment for accidental physical injury or illness caused by violation or attempted violation of the law, or resistance to arrest;

xxi. Treatment for accidental physical injury or illness caused by professional sports, racing of any kind, scuba diving, aerial sports, activities such as hand-gliding, ballooning, and any other hazardous activities or sports unless agreed by special endorsement;

xxii. Circumcision unless necessary for treatment of a disease or necessitated due to an accident;

xxiii. Hospitalisation where the Insured Person is a donor for any organ transplant;

xxiv. Any treatment outside of Republic of India
xxv. Treatment to assist reproduction, including IVF treatment

xxvi. Hormone Replacement Therapy

xxvii. Ageing and Puberty: Treatment to relieve symptoms caused by ageing, puberty, or other natural physiological cause, such as menopause and hearing loss caused by maturing or ageing

xxviii. Artificial Life Maintenance: Artificial Life Maintenance, including life support machine use, where such treatment will not result in recovery or restoration of the previous state of health

xxix. Hereditary conditions: Treatment for abnormalities, deformities Illness present only because they have been passed down through generations of family

xxx. Sleep disorders: Treatment for sleep apnea, snoring or any other sleep-related breathing problem

xxxi. Speech disorders: Treatment for speech disorders, including stammering

xxxii. Treatment for developmental problems: Treatment for, or related to developmental problems, including – learning difficulties (such as dyslexia), behavioral problems, including attention deficit hyperactivity disorder (ADHD)

xxxiii. Any costs or expenses specified in the List of Expenses Generally Excluded at Annexure II of policy document

General Conditions for exclusions

1. If We have accepted the claim of an Insured Person under the Permanent Total Disability, Permanent Partial Disability or Critical Illness cover, then, We shall not accept any other claim of that Insured Person for the same condition/disablement under the Permanent Total Disability or Permanent Partial Disability or Critical Illness cover even if the claim is made under another benefit provision of the Policy from the original claim.

Free Look & Cancellation:

1. **Free Look Provision**: You have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You may cancel the Policy stating the reasons for cancellation and provided that no claims have been made under the Policy, We will refund the premium paid by You after deducting the amounts spent on stamp duty charges and proportionate risk premium for the period on cover. All rights and benefits under this Policy shall immediately stand extinguished
on the free look cancellation of the Policy. The free look provision is not applicable and available at the time of Renewal of the Policy.

2. Cancellation/Termination (other than free look cancellation):

1. Cancellation by Insured Person:
   You may terminate this Policy during the policy period by giving Us at least 30 days prior written notice. We shall cancel the Policy and refund the premium for the balance of the policy period in accordance with the table below provided that no claim has been made under the Policy by or on behalf of any Insured Person.

<table>
<thead>
<tr>
<th>Length of time Policy in force</th>
<th>Refund of premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>up to 30 days</td>
<td>75%</td>
</tr>
<tr>
<td>up to 90 days</td>
<td>50%</td>
</tr>
<tr>
<td>up to 180 days</td>
<td>25%</td>
</tr>
<tr>
<td>exceeding 180 days</td>
<td>0%</td>
</tr>
</tbody>
</table>

2. Automatic Cancellation:
   a. Individual Policy:
      The Policy shall automatically terminate on death of the Insured Person
   
   b. For Policy issued to Family:
      The Policy shall automatically terminate in the event of the death of all the Insured Persons.
   
   c. Refund:
      A refund in accordance with the table above shall be payable if there is an automatic cancellation of the Policy provided that no claim has been filed under the Policy by or on behalf of any Insured Person.

3. Cancellation by Us:

   Without prejudice to the above, We may terminate this Policy during the policy period by sending 30 days prior written notice to Your address shown in the Schedule of Insurance Certificate without refund of premium if in Our opinion:
i. You or any Insured Person or any person acting on behalf of either has acted in a dishonest or fraudulent manner under or in relation to this Policy; and/or

ii. You or any Insured Person has not disclosed the material facts or misrepresented in relation to the Policy; and/or

iii. You or any Insured Person has not co operated with Us.

For avoidance of doubt, it is clarified that no claims shall be admitted and/or paid by Us during the notice period.

4. Withdrawal of Product: This product may be withdrawn at the option of the Insurer subject to prior approval of Insurance Regulatory and Development Authority (IRDA) or due to a change in regulations. In such a case We shall provide an option to migrate to our other suitable retail products as available with Us.

5. Revision or Modification: This product may be revised or modified subject to prior approval of Insurance Regulatory and Development Authority (IRDA). In such case We shall notify You of any such change at least 3 months prior to the date from which such revision or modification shall come into effect, provided it is not otherwise provided by the authority.

Notification:
You will inform Us immediately of any change in the address, nature of job, state of health, or of any other changes affecting You or any Insured Person through the format Annexure III of policy document. We shall allow the enhancement in Sum Assured or scope of cover only at the time of Renewal, provided you intimate Us at the time of Renewal. The decision of acceptance of enhancement of the sum insured or the scope of cover will be based on our underwriting policy and shall be subject to payment of applicable premium for such enhanced cover.

Renewal Information:
The renewal premium is payable on or before the due date in the amount shown in the Schedule of Insurance Certificate or at such altered rate as may be reviewed and notified by Us before completion of the policy period. We are under no obligation to notify You of the renewal date of Your Policy. We will allow a Grace Period of 30 days from the due date of the renewal premium for payment to Us. No benefits or coverage under the policy will be available for the period for which no premium is received.

If the Policy is not renewed within the Grace Period then We may agree to issue a fresh policy subject to Our underwriting criteria and no continuing benefits shall be available from the expired Policy.
There will not be any loading at the time of Renewal on individual claims experience of the Insured Person. Renewal of the Policy will not ordinarily be denied other than on grounds of moral hazard, misrepresentation or fraud or non-cooperation by You.

**Change in Coverage:**
Change in the coverage of the policy including Sum Assured or addition/deletion of members in Individual/Family option policies, can only be applied for at the time of renewal. These changes shall be accepted subject to the renewal terms and as per our underwriting policy.

**Renewal Benefits:**
If the Policy is renewed, the Sum Assured will be increased by 5% of the Sum Assured (shown in the Schedule of Insurance Certificate during the first Policy Year) for every claim free year upto a cumulative maximum of 25% of the Sum Assured for the Personal Accident cover only.

**Portability:**

i. **From another company to Our Policy**

   (i) If the proposed Insured Person was insured continuously and without a break under another Indian retail health insurance policy with any other Indian General Insurance company, or stand alone Health Insurance company, it is understood and agreed that:

   1. If You wish to exercise the Portability Benefit, We should have received Your application and completed Portability Form with complete documentation at least 45 days before the expiry of Your present period of insurance;
   2. We may revise the premium payable based on the extent of applicability of the Portability Benefit.
   3. This benefit is available only at the time of renewal of the existing health insurance policy.
   4. Portability benefit is available only upto the existing cover. If the proposed Sum Insured is higher than the Sum Insured under the expiring policy, waiting periods would be applied on the amount of proposed increase in Sum Insured only, in accordance with the existing guidelines of the Insurance Regulatory and Development Authority.
   5. Waiting period credits would be extended to Pre-existing Diseases and time bound exclusions/waiting periods in accordance with the existing guidelines of the Insurance Regulatory and Development Authority.
   6. The Portability Benefit shall be applied by Us within 15 days of receiving Your completed Application and Portability Form subject to the following:
(a) You shall give Us all additional documentation and/or information We request;

(b) You pay Us the applicable premium in full;

(c) We may, subject to Our medical underwriting, restrict the terms upon which We may offer cover, the decision as to which shall be in Our sole and absolute discretion;

(d) There is no obligation on Us to insure all Insured Persons or to insure all Insured Persons on the proposed terms, even if You have given Us all documentation;

(e) We have received necessary details of medical history and claim history from the previous insurance company for the Insured Persons’ previous health insurance policy through the IRDA’s web portal.

(f) No additional loading or charges shall be applied by Us exclusively for porting the policy.

ii. From Our existing health insurance policies to this Policy

(i) If the proposed Insured Person was insured continuously and without a break under another health insurance policy with Us, It is understood and agreed that:

(1) If You wish to exercise the Portability Benefit, We should have received Your application and completed Portability Form before the expiry of Your present period of insurance;

(2) This benefit is available only at the time of renewal of the existing health insurance policy.

(3) Portability Benefit is available only up to the existing cover. If the proposed Sum Insured is higher than the Sum Insured under the expiring policy, waiting periods would be applied on the amount of proposed increase in Sum Insured only, in accordance with the existing guidelines of the Insurance Regulatory and Development Authority.
(4) Waiting period credits would be extended to Pre-existing Diseases and time bound exclusions/waiting periods in accordance with the existing guidelines of the Insurance Regulatory and Development Authority.

(5) The Portability Benefit shall be applied by Us within 15 days of receiving Your completed Application and Portability Form subject to the following:

(a) You shall give Us all additional documentation and/or information We request;

(b) You pay Us the applicable premium in full;

(c) We may, subject to Our medical underwriting, restrict the terms upon which We may offer cover, the decision as to which shall be in Our sole and absolute discretion;

(d) There is no obligation on Us to insure all Insured Persons or to insure all Insured Persons on the proposed terms, even if You have given Us all documentation.

(e) No additional loading or charges shall be applied by Us exclusively for porting the policy.

We reserve the right to modify or amend the terms and the applicability of the Portability Benefit in accordance with the provisions of the regulations and guidance issued by the Insurance Regulatory and Development Authority as amended from time to time.

Claims Procedure

(a) All claims will be adjudicated after the occurrence of the event and further submission of necessary documents. The Benefits will be paid out in line with the coverage in the plan and will be irrespective of the actual costs incurred by the customer. This claims process will be uniform across network and non network providers of Max Bupa.

  i. List of Necessary Documents are as follows:

    a) For Critical Illness:

    1. Claim form duly completed and signed by the claimant.

    2. Final Hospital Discharge Summary in original / self attested copies if the originals are submitted with another insurer.
3. Final Hospital Bill in original / self attested copies if the originals are submitted with another insurer.

4. Original consultation notes and / or investigation reports from outside the Hospital prior to Hospitalisation

5. Copy of First Information Report (FIR) / Panchnama duly attested by the concerned police station (if Critical Illness being claimed for is admissible in event of an accident)

6. Copy of Medico Legal Certificate duly attested by the concerned Hospital. (if Critical Illness being claimed for is admissible in event of an accident)

b) Hospital Cash:

1. Claim form duly completed and signed by the claimant.

2. Final Hospital Discharge Summary in original / self attested copies if the originals are submitted with another insurer.

3. Final Hospital Bill in original / self attested copies if the originals are submitted with another insurer.

4. Original consultation notes and / or investigation reports from outside the Hospital prior to hospitalisation

5. Copy of First Information Report (FIR) / Panchnama duly attested by the concerned police station (if Hospital Cash being claimed for is admissible in event of an accident)

6. Copy of Medico Legal Certificate duly attested by the concerned Hospital. (if Hospital Cash being claimed for is admissible in event of an accident)

c) Accidental Death

1. Claim form duly completed and signed by the claimant.

2. Original Death Certificate (issued by the office of Registrar of Births and Deaths)

3. Copy of First Information Report (FIR) / Panchnama duly attested by the concerned police station
4. Copy of Medico Legal Certificate duly attested by the concerned hospital.

5. Income proof of the Proposer
   i. Last three months Salary Slip OR
   ii. Last year's ITR / Form 16
   iii. Employer’s Certificate
   iv. Audited Accounts

d) Accidental Permanent Total Disability and Accidental Permanent Partial Disability
   1. Claim form duly completed and signed by the claimant.
   2. Hospital Discharge Summary (in original) / self attested copies if the originals are submitted with another insurer.
   3. Final Hospital Bill (in original) / self attested copies if the originals are submitted with another insurer.
   4. Medical consultations and investigations done from outside the Hospital.
   5. Original certificate of Disability issued by a Medical Board duly constituted by the Central and the State Government.
   6. Copy of First Information Report (FIR) / Panchnama duly attested by the concerned police station
   7. Copy of Medico Legal Certificate duly attested by the concerned Hospital.
   8. Income proof of the Proposer:
      I. Last three months Salary Slip
      II. Last year's ITR / Form 16
      III. Employer’s Certificate
      IV. Audited Accounts

ii. We reserve the right to call for:
(1) Any other necessary documentation or information that We believe may be required; and

(2) A medical examination by Our doctor or for an investigation as often as We believe this to be necessary. Any expenses related to such examinations or investigations shall be borne by Us.

iii. In the event of the Insured Person's death during hospitalisation, written notice accompanied by a copy of the post mortem report (if any) shall be given to Us within 14 days regardless of whether any other notice has been given to Us. We reserve the right to require an autopsy.

All claims are to be notified to Us within a reasonable time and for Hospital Cash the notification of claim has to be within 48 hours of hospitalisation. In case where the delay in intimation is proved to be genuine and for reasons beyond the control of the Insured Person or nominee specified in the Schedule of Insurance Certificate, We may condone such delay and process the claim. We reserve a right to decline such requests for claim process where there is no merit for a delayed claim.

Upon acceptance of a claim, the payment of the amount due shall be made within 30 days from the date of acceptance of the claim. In the case of delay in payment, We shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it.

If You hold an indemnity policy with Us, a single notification for claim will apply to both the indemnity plan as well as this Policy, even if the notification for claim for this Policy does not explicitly mention this. The benefits under the indemnity plan will be paid out in accordance to the terms and conditions of the respective plan.

Obligations in case of a minor

If an Insured Person is less than 18 years of age, the You/adult Insured Person shall be completely responsible for ensuring compliance with all the terms and conditions of this Policy on behalf of that minor Insured Person.

Nomination Facility: You are mandatorily 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.

i. Any change of nomination shall be communicated to Us in writing and such change shall be effective only when an endorsement on the Policy is made by Us.

ii. In case of any Insured Person other than You under the Policy, for the purpose of payment of claims in the event of death, the default nominee would be You.
Premium:

- Premium is for individual age bands.
- Annual premium in INR (excluding service tax and applicable cess) as per rate tables.

An illustrative premium table for individual policy

**Critical Illness**

<table>
<thead>
<tr>
<th>Age Band</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 - 25</td>
<td>300,000</td>
<td>500,000</td>
<td>750,000</td>
<td>1,000,000</td>
</tr>
<tr>
<td>26 - 30</td>
<td>669</td>
<td>1,115</td>
<td>1,672</td>
<td>2,229</td>
</tr>
<tr>
<td>31 - 35</td>
<td>825</td>
<td>1,375</td>
<td>2,062</td>
<td>2,749</td>
</tr>
<tr>
<td>36 - 40</td>
<td>1,399</td>
<td>2,332</td>
<td>3,498</td>
<td>4,664</td>
</tr>
<tr>
<td>41 - 45</td>
<td>2,168</td>
<td>3,613</td>
<td>5,419</td>
<td>7,225</td>
</tr>
<tr>
<td>46 - 50</td>
<td>3,449</td>
<td>5,748</td>
<td>8,621</td>
<td>11,495</td>
</tr>
<tr>
<td>51 - 55</td>
<td>5,343</td>
<td>8,904</td>
<td>13,356</td>
<td>17,808</td>
</tr>
<tr>
<td>56 - 60</td>
<td>8,024</td>
<td>13,373</td>
<td>20,059</td>
<td>26,745</td>
</tr>
<tr>
<td>61 - 65</td>
<td>11,984</td>
<td>19,973</td>
<td>29,959</td>
<td>39,946</td>
</tr>
</tbody>
</table>

Premium exclusive of service tax & cess

**Personal Accident**

<table>
<thead>
<tr>
<th>Age Band</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 - 65 years</td>
<td>500,000</td>
<td>1,000,000</td>
<td>2,000,000</td>
<td>2,500,000</td>
</tr>
<tr>
<td>694</td>
<td>1,382</td>
<td>2,788</td>
<td>3,483</td>
<td></td>
</tr>
</tbody>
</table>

Premium exclusive of service tax & cess

**Hospital Cash**

<table>
<thead>
<tr>
<th>Age Band</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 – 25</td>
<td>1000/day</td>
<td>2000/day</td>
<td>3000/day</td>
<td>4000/day</td>
</tr>
<tr>
<td>444</td>
<td>886</td>
<td>1,398</td>
<td>1,830</td>
<td></td>
</tr>
<tr>
<td>26 – 30</td>
<td>651</td>
<td>1,158</td>
<td>2,181</td>
<td>2,875</td>
</tr>
<tr>
<td>31 – 35</td>
<td>651</td>
<td>1,158</td>
<td>2,181</td>
<td>2,875</td>
</tr>
<tr>
<td>36 – 40</td>
<td>651</td>
<td>1,158</td>
<td>2,181</td>
<td>2,875</td>
</tr>
<tr>
<td>41 – 50</td>
<td>1,189</td>
<td>2,595</td>
<td>4,216</td>
<td>5,588</td>
</tr>
<tr>
<td>51 – 55</td>
<td>1,778</td>
<td>3,944</td>
<td>6,442</td>
<td>8,556</td>
</tr>
<tr>
<td>56 – 60</td>
<td>2,145</td>
<td>4,786</td>
<td>7,128</td>
<td>9,471</td>
</tr>
<tr>
<td>61 – 65</td>
<td>3,030</td>
<td>6,814</td>
<td>10,170</td>
<td>13,527</td>
</tr>
</tbody>
</table>

Premium exclusive of service tax & cess

Disclosure:
• All customers’ personal information collected or held by Max Bupa may be used by Max Bupa for processing the claims and analysis related to insurance / reinsurance business.

Product Benefits Tables

Attached as Annexure

How to Buy Max Bupa Policy

The Max Bupa policy can be purchased, through various channels like Max Bupa’s telesales team, Max Bupa direct sales person or independent advisor, our website www.Maxbupa.com, licensed brokers and agents.

1. Every Customer will be assigned a unique customer identification number on the Max Bupa system
2. A Max Bupa proposal form is completed. The Customer will be required to provide;
   • Insured’s name, date of birth, and address
   • As above for all dependants to be covered by the policy.
   • Selection of Health Assurance benefit and Sum Assured
   • Any existing health insurance policy details and claims history, if applicable.
   • Disclosure of any pre-existing diseases with details.
   • Medical history report for the proposed insured, if necessary.
   • Height, weight and BMI for the proposed insured.
   • Signature and date on application, wherever applicable.
   • Premium payment collected and receipted
3. An underwriting process will be followed for every proposal form submitted, regardless of the distribution channel.

Critical Illness Cover

Checks are made internally to ensure questions in the proposal form are completed;

1. Height & Weight.

2. In the past 5 years, have you ever undergone any surgical operations? Are you presently on any treatment or plan to have any surgical operation(s)?

3. In past 5 years, have you been told by a medical practitioners to undergo any medical investigation or evaluation such as ECG, X-ray (excluding cases of fractures), Biopsy, Blood test for Aplastic Anaemia, MRI, CT scan, pap smear or Urine test for kidney failure with adverse results?
4. Have any member of your immediate family e.g. parents, brothers or sisters suffered from heart disease, stroke, cancer, kidney failure, organ transplant or any other disease which is persistent/long lasting in nature or any hereditary conditions before the age of 60 yrs?

5. Have you ever had or been told you have or been treated for any disability or medical conditions such as but not limited to high cholesterol, high blood pressure, chest pain, heart attack, or any other heart condition; stroke, transient ischemic attack or any other Cerebrovascular disease; diabetes or any other endocrinial disease; kidney disease; HIV/AIDS or AIDS related complex; any cancer or tumor; asthma or any other respiratory disease; any mental or nervous disease; hepatitis A/B or any other liver disease; blood disorder; frequent digestive and bowel disorder (approx. twice every week); paraplegia or any other disorder of the bones, spine or muscle?

6. Have you ever been advised by a medical practitioner to stop or reduce the consumption of cigarette or any other nicotine product or alcohol or any other drug?

7. Has the cover for any of the proposed insured ever been declined, deferred, withdrawn, accepted at extra premium or reduced cover for ‘reinstatement for life insurance’/ ‘health insurance’/ ‘accident insurance’ with any insurance company (including Max Bupa) based on medical conditions?

Based on the answers to the above mentioned questions, Age of proposed insured(s) and Sum Assured (opted for) further Medical assessment may be requested by medical underwriter.

Medical Test grid is detailed below:

<table>
<thead>
<tr>
<th>Age</th>
<th>BMI</th>
<th>Sum Assured - Rs 3 lacs, Rs 5 lacs</th>
<th>Sum Assured - Rs 7.5 Lacs, Rs 10 Lacs</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-45 years</td>
<td>Below 37</td>
<td>No medical checkup required</td>
<td>No medical checkup required</td>
</tr>
<tr>
<td>46 to 55 years</td>
<td>less than 29</td>
<td>No medical checkup required</td>
<td>MER, RUA, Hba1C, T Chol, GGT, ECG</td>
</tr>
<tr>
<td>46 to 55 years</td>
<td>More than 29 but below 37</td>
<td>No medical checkup required</td>
<td>MER, RUA, Hba1C, T Chol, GGT, S Creat, SGOT, SGPT, HDL, Trigs, ECG</td>
</tr>
<tr>
<td>55 to 65 years</td>
<td>less than 29</td>
<td>MER, RUA, Hba1C, T Chol, GGT, S Creat, SGOT, SGPT, HDL, Trigs, Total Bilirubin, CBC, HbsAg, ECG</td>
<td></td>
</tr>
<tr>
<td>55 to 65 years</td>
<td>More than 29 but below 37</td>
<td>MER, RUA, Hba1C, T Chol, GGT, S Creat, SGOT, SGPT, HDL, Trigs, Total Bilirubin, CBC, HbsAg, TMT</td>
<td></td>
</tr>
</tbody>
</table>
Upon the assessment of the facts, Underwriter has discretion to decide whether the proposed insured can be offered a cover or not. These tests will be valid for a period of 6 months (3 months for non-standard life).

We will bear the complete cost of Medical Checkup in case of accepted or declined proposals by Max Bupa. The cost of medical tests will be borne by the proposer in case he/ she declines the policy and the same shall be deducted from the advance paid towards premium. The balance to be refunded to the customer by way of a cheque drawn in the name of proposer.

Proposal will get rejected if any of the proposed insured is already covered under this benefit of Max Bupa Health Assurance Policy.

**Hospital Cash Cover**

Customers are asked the below mentioned questions in proposal form:

1) Height & Weight.

2) Do you or any of the proposed insured have any existing condition (s) or symptom (s) for which medical advice is recommended or for which consulted a doctor for treatment, medical investigation or surgery or required hospitalisation in the last 5 years, except for minor ailments like cough, cold or flu.

3) Have you or any of the proposed insured ever been diagnosed with, treated for, or advised to seek treatment for any for heart disease, diabetes/raised blood sugar, high blood pressure/hypertension, paralysis, cancer, kidney disease, liver or disease of stomach and intestine, brain or lung disease, mental illness, physical deformity, or HIV / AIDS?

Based on the answers to the above mentioned questions underwriters will take a call whether the proposal would be accepted or rejected.

Proposal will get rejected if any of the proposed insured is already covered under this benefit of Max Bupa Health Assurance Policy.

**Personal Accident Cover**

The income of proposed primary insured as declared in the proposal form will be considered to decide the maximum Sum Assured that can be offered. The proof of income will be verified at claims stage.

- Maximum Sum Assured offered for a salaried individual will be upto 8 times the annual salary of the primary insured.
• Maximum Sum Assured offered for a self-employed will be up to 8 times the annual net profit as filed in Income Tax Return by the primary insured.

For telesales, the information about the customer is gathered on a telephone call instead of a proposal form. The same questions are asked on the telephone and call recorded.

Based on annual salary of the proposer underwriters will take a call whether the proposal would be accepted or rejected.

**Illustration 1:** Mr. Sharma has an annual salary/annual net profit of Rs 2 lac. So the maximum Sum Assured that he can opt would be 8 times his annual salary i.e Rs 16 lacs. Since the Sum Assured option available under Health Assurance (Personal Accident) are Rs 5 lacs, Rs 10 lacs, Rs 20 lacs and Rs 25 lacs. So the options available to Mr Sharma are Rs 5 lacs and Rs 10 lacs (options lower than 16 lacs) as the Sum Assured has to be up to 8 times the annual salary of proposed insured.

**Illustration 2:** Mr. Gupta has an annual salary/annual net profit of Rs 50,000. So the maximum Sum Assured that he can opt would be 8 times his annual salary i.e Rs 4 lacs. Since the lowest Sum Assured option available under Health Assurance (Personal Accident) is Rs 5 lacs so no cover would be offered to Mr. Gupta (as the Sum Assured has to be up to 8 times the annual salary of proposed insured).

Proposal will get rejected if any of the proposed insured is already covered under this benefit of Max Bupa Health Assurance Policy.

**What to do next:** If you wish to know more about Max Bupa’s Health Assurance Health Insurance plan and/or would like a personal quote, speak to our specially trained sales team or your local advisor. They’ll take time to fully understand your requirements and help you to select the right plan for you.

Phone 1800 3010 3333 (Toll Free)
Web: www.maxbupa.com

**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 policy document, and will be subject to the policy terms, conditions and exclusions. Please call our customer service if you require any further information or clarification.

**Statutory Warning:** Prohibition of rebates (under section 41 of Insurance Act 1938); no person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or
continue an insurance in respect of any kind of risk relating to life or property, in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or the tables of the insurer. Any person making default in complying with the provision of this section shall be punished with fine, which may extend to five hundred rupees.

Max Bupa Health Insurance Company Limited
Registered Office: Max House, 1 Dr. Jha Marg, Okhla, New Delhi 110020

Corporate Office: D-1, 2nd Floor, Salcon Ras Vilas, District Centre, Saket, New Delhi-110 017

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