

HEALTH COMPANION HEALTH INSURANCE PLAN

POLICY WORDING

MAX BUPA HEALTH INSURANCE COMPANY LIMITED

**B-1/I-2, Mohan Cooperative Industrial Estate
Mathura Road, New Delhi-110044**

Policy Document – Part II

1. Terms & Conditions

The insurance cover provided under this Policy to the Insured Person up to the Sum Insured is and shall be subject to (a) the terms and conditions of this Policy and (b) the receipt of premium, and (c) Disclosure to Information Norm (including by way of the Proposal or Information Summary Sheet) for Yourself and on behalf of all persons to be insured. Please 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.

2. Benefits

The Policy covers Reasonable and Customary Charges incurred towards medical treatment taken during the Policy Period for an Illness, Accident or condition described below if this is contracted or sustained by an Insured Person during the Policy Period and subject always to the Sum Insured, any subsidiary limit specified in the Product Benefits Table, the terms, conditions, limitations and exclusions mentioned in the Policy and eligibility as per the insurance plan opted for in the Product Benefits Table and as shown in the Schedule of Insurance Certificate :

Section 2A

2.1. Inpatient Care

We will cover Medical Expenses for:

- (a) Medical Practitioners' fees
- (b) Diagnostics Tests
- (c) Medicines, drugs and consumables
- (d) Nursing Charges
- (e) Intravenous fluids, blood transfusion, injection administration charges
- (f) Operation theatre charges
- (g) The cost of prosthetics and other devices or equipment if implanted internally during a Surgical Procedure.
- (h) Intensive Care Unit charges

2.2. Hospital Accommodation

We will cover Reasonable and Customary Charges for Room Rent for Hospital accommodation.

2.3. Pre-hospitalization Medical Expenses

We will cover Medical Expenses incurred due to Illness up to 30 days immediately before an Insured Person's admission to a Hospital for the same Illness as long as We have accepted an Inpatient Care

Hospitalisation claim under Section 2.1 above. Pre-hospitalization Medical Expenses can be claimed as reimbursement only.

2.4. Post-hospitalization Medical Expenses

We will cover Medical Expenses incurred due to Illness up to 60 days immediately after an Insured Person's discharge from Hospital for the same Illness as long as We have accepted an Inpatient Care Hospitalisation claim under Section 2.1 above. Post-hospitalization Medical Expenses can be claimed as reimbursement only.

2.5. Day Care Treatment

We will cover Medical Expenses for **Day Care Treatment** (including Chemotherapy, Radiotherapy, Hemodialysis, any procedure which needs a period of specialized observation or care after completion of the procedure) where such procedures/treatments are undertaken by an Insured Person as an Inpatient in a Hospital/Day Care Center for a continuous period of less than 24 hours. Any OPD Treatment undertaken in a Hospital/Day Care Center will not be covered.

2.6. Domiciliary Hospitalization

We will cover Medical Expenses for medical treatment taken at home if this continues for an uninterrupted period of 3 days and the condition for which treatment is taken would otherwise have necessitated Hospitalization as long as either (i) the attending Medical Practitioner confirms that the Insured Person could not be transferred to a Hospital or (ii) the Insured Person satisfies Us that a Hospital bed was unavailable.

2.7 Organ Donor

We will cover Medical Expenses for an organ donor's treatment for the harvesting of the organ donated provided that:

- (a) The donation conforms to The Transplantation of Human Organs Act 1994 and the organ is for the use of the Insured Person;
- (b) The Insured Person has been Medically Advised to undergo an organ transplant:

We will not cover:

- (a) Pre-hospitalization or Post-hospitalization Medical Expenses or screening expenses of the donor or any other Medical Expenses as a result of the harvesting from the donor;
- (b) Costs directly or indirectly associated with the acquisition of the donor's organ.

2.8 Emergency ambulance

We will cover Reasonable and Customary Charges for ambulance expenses incurred to transfer the Insured Person by surface transport following an Emergency to the nearest Hospital with adequate facilities if:

- (a) The ambulance service is offered by a healthcare or ambulance service provider; and

- (b) We have accepted an Inpatient Hospitalization claim under the provisions of Section 2.1 above;

Our maximum liability for ambulance expenses is up to the limit provided in the Product Benefits Table.

2.9 Vaccination for Animal Bite

We will cover Medical Expenses of OPD Treatment for vaccinations or immunizations for treatment post an animal bite, up to the limit provided in the Product Benefits Table. This benefit is available only on reimbursement basis.

2.10 Ayush Treatment

We will cover Medical Expenses for Alternative Treatment taken in a government Hospital or in any institute recognized by the government and/or accredited by the Quality Council of India/National Accreditation Board on Health, up to the limit provided in the Product Benefit Table.

Section 2B

2.11 Health Checkup

We will cover the cost of a health checkup as per Your plan eligibility as defined in the Product Benefits Table provided that You or any Insured Person has applied for the same. Only that Insured Person who has attained minimum age of 18 years at the time of Renewal shall be eligible for a health check-up. We will only cover health checkups arranged by Us through Our empanelled service providers. You further understand and agree that this benefit is only available at Renewal for Policies that are renewed without any break.

2.12 Re-fill Benefit (applicable for Individual and Family Floater Policies Only)

We will provide a Re-fill Sum Insured in a Policy Year, provided that:

- a) the Base Sum Insured and No Claim Bonus (if any) has been partially or completely exhausted due to claims made and paid or claims made and accepted as payable for one particular Illness during the Policy Year under Section 2A;
- b) The Re-fill Sum Insured may be used for only subsequent claims made by the Insured Person and not against any Illness (including its complications or follow up) for which a claim has been paid or accepted as payable in the current Policy Year under Section 2.12 (a);
- c) In case of a floater Policy the option to Re-fill the Sum Insured will be available on the floater amount in a Policy Year;
- e) We will provide Refill Sum Insured upto 100% of Base Sum Insured only once in the Policy Year. You understand and agree that if the Re-fill Sum Insured is not utilised in a Policy Year, it shall not be carried forward to any subsequent Policy Year.

2.13 No Claim Bonus

If no claim has been made in a Policy Year by any Insured Person:

- Then for each such Policy Year, We will offer a 20% increase on the expiring Base Sum Insured up to a maximum of 100% of the Base Sum Insured of that Policy Year, provided that the Policy is renewed continuously. You understand and agree that the sub-limits applicable to various benefits will remain the same and shall not increase proportionately with the increase in total Sum Insured.
- If an individual Policy is renewed as Family Floater Policy, then the No Claim Bonus carried to the floater Sum Insured will be the lowest No Claim Bonus available amongst the Insured Persons in that Family unit. In case of Family First Policy, the No Claim Bonus will be applied on the Base Sum Insured of the individual Insured Person.
- No Claim Bonus which is accrued during the claim free year will be available to those Insured Persons who were insured in such claim free year and continued to be insured in the subsequent Policy Year.
- If the Base Sum Insured is increased, No Claim Bonus will be calculated on the basis of Base Sum Insured of the last completed Policy Year.

2.14 Family First Benefit

This provision is applicable only to Family First Policies:

Individual cover

Within the Sum Insured, there is an individual insurance cover for each Insured Person which shall be up to the amount specified in the Schedule of Insurance Certificate for that Insured Person. Our maximum liability for any and all claims in respect of an Insured Person under the Policy during the Policy Period shall be limited to the Individual Cover amount specified in the Schedule of Insurance Certificate for that Insured Person.

Floater cover

Within the Sum Insured, there is a floater insurance cover up to the amount specified in the Schedule of Insurance Certificate. This floater cover may be utilized only if the Individual Cover amount of an Insured Person is fully exhausted and there is a further claim under the Policy. Our maximum, total and cumulative liability for any and all such further claims in respect of all Insured Persons under the Policy during the Policy Period shall be limited to the Floater cover amount specified in the Schedule of Insurance Certificate.

3. 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:

Individual & Family Floater:

- (i) for Variant 1 as in Product Benefit Table, until 48 months of continuous coverage have elapsed since the inception of the first Policy with Us;
- (ii) for Variant 2 and Variant 3 as in Product Benefit table, until 36 months of continuous coverage have elapsed since the inception of the first Policy with Us.

Family First: Until 36 months of continuous coverage have elapsed since the inception of the first Policy with Us

Where the Policy is renewed for enhanced Sum Insured, waiting periods would start and apply afresh for the amount of increase in Sum Insured

b. 30 Days Initial Waiting Period

We will not cover any treatment taken during the first 30 days since the date of commencement of the Policy, unless the treatment needed is the result of an Accident. This waiting period does not apply for any subsequent and continuous Renewals of Your Policy.

c. Specific Waiting Period

The conditions listed below will be subject to a waiting period of 24 months and will be covered from the commencement of the 3rd 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
9. Chronic Renal Failure or end stage Renal Failure
10. Sinusitis / Deviated Nasal Septum / Tympanoplasty / Chronic Suppurative Otitis Media
11. Benign Prostatic Hypertrophy
12. Knee/Hip Joint replacement
13. Dilatation and Curettage
14. Varicose veins
15. Dysfunctional Uterine Bleeding / Fibroids / Prolapse Uterus / Endometriosis
16. Diabetes and related complications

17. Hysterectomy for any benign disorder

d. Personal Waiting Periods

Conditions mentioned under Personal Waiting Period in the Schedule of Insurance Certificate 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.

e. Permanent Exclusions

We will not be liable under any circumstances, for any claim in connection with or with regard to any of the following permanent exclusions and any such other exclusions as may be specified in the Schedule of Insurance Certificate :-

i. Addictive conditions and disorders

Treatment related to addictive conditions and disorders, or from any kind of substance abuse or misuse including alcohol abuse or misuse.

ii. 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.

iii. Artificial life maintenance

Artificial life maintenance, including life support machine used to sustain a person, who has been declared brain dead, as demonstrated by:

1. Deep coma and unresponsiveness to all forms of stimulation;
2. Absent pupillary light reaction;
3. Absent oculovestibular and corneal reflexes; or
4. Complete apnea

iv. Circumcision

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

v. Conflict and disaster

Treatment for any illness or injury resulting from nuclear or chemical contamination, war, riot, revolution, acts of terrorism or any similar event (other than natural disaster or calamity), if one or more of the following conditions apply:

- a. The Insured Person put himself in danger by entering a known area of conflict where active fighting or insurrections are taking place

- b. The Insured Person was an active participant in the above mentioned acts or events of a similar nature.
- c. The Insured Person displayed a blatant disregard for personal safety

vi. Congenital conditions

Treatment for any Congenital Anomaly.

vii. Convalescence and Rehabilitation

Hospital accommodation when it is used solely or primarily for any of the following purposes:

- a. Convalescence, rehabilitation, supervision or any other purpose other than for receiving eligible treatment of a type that normally requires a stay in Hospital.
- b. receiving general nursing care or any other services that do not require the Insured Person to be in Hospital and could be provided in another establishment that is not a Hospital
- c. receiving services from a therapist or complementary medical practitioner or a practitioner of Alternative Treatment.

viii. Cosmetic surgery

Treatment undergone purely for cosmetic or psychological reasons to improve appearance. However, this exclusion does not apply where medically required as a part of treatment for cancer, accidents and burns to restore functionality.

ix. Dental/oral treatment

Dental treatment including Surgical Procedures for the treatment of bone disease when related to gum disease or damage, or treatment for, or treatment arising from, disorders of the tempromandibular joint.

EXCEPTION: We will pay for a Surgical Procedure for which the Insured Person is Hospitalized as a result of an Accident and which is undertaken for Inpatient Care in a Hospital and carried out by a Medical Practitioner.

x. Drugs and dressings for OPD Treatment or take-home use

Any drugs or surgical dressings that are provided or prescribed in the case of OPD Treatment, or for an Insured Person to take home on leaving Hospital, for any condition, except as included in Post-hospitalization expenses under Section 2.4 above.

xi. Eyesight

Treatment to correct refractive errors of the eye, unless required as the result of an Accident. We will not pay for routine eye examinations, contact lenses, spectacles or laser eye sight correction.

xii. Unproven/Experimental treatment

Unproven/Experimental Treatment, including medication, which in competent Medical Practitioner's opinion is experimental or has not generally been proved to be effective.

xiii. Health hydros, nature cure, wellness clinics etc.

Treatment or services received in health hydros, nature cure clinics or any establishment that is not a Hospital.

xiv. HIV and AIDS

Any treatment for, or treatment arising from, Human Immunodeficiency Virus (HIV) or Acquired Immuno Deficiency Syndrome (AIDS), including any condition that is related to HIV or AIDS.

xv. Hereditary conditions (Specified)

Any treatment arising from and/or taken for Crohn's Disease ,Ulcerative colitis, Cystic kidneys, Neurofibromatosis, Factor V Leiden Thrombophilia, Familial Hypercholesterolemia, Hemophilia, Hereditary Fructose Intolerance, Hereditary Hemochromatosis, Hereditary Spherocytosis.

xvi. Items of personal comfort and convenience, including but not limited to:

- a. Telephone, television, diet charges, (unless included in room rent) personal attendant or barber or beauty services, baby food, cosmetics, napkins, toiletry items, guest services and similar incidental expenses or services.
- b. Private nursing/attendant's charges incurred during Pre-hospitalization or Post-hospitalization.
- c. Drugs or treatment not supported by prescription .
- d. Issue of medical certificate and examinations as to suitability for employment or travel or any other such purpose.
- e. Any charges incurred to procure any treatment/illness related documents pertaining to any period of Hospitalization/illness.
- f. External and or durable medical/non medical equipment of any kind used for diagnosis and or treatment including CPAP, CAPD, Infusion pump etc.

- g.** Ambulatory devices such as walkers, crutches, belts, collars, caps, splints, slings, braces, stockings of any kind, diabetic foot wear, glucometer/thermometer and similar items and also any medical equipment which is subsequently used at home.
- h.** Nurses hired in addition to the Hospital's own staff.

xvii. Alternative treatment

Any Alternative Treatment except for the benefits under Section 2.10 (Ayush Treatment)

xviii. Psychiatric and Psychosomatic Conditions

Treatment of any mental illness or sickness or disease including a psychiatric condition, disorganisation of personality or mind, or emotions or behaviour, Parkinson's or Alzheimer's disease even if caused or aggravated by or related to an Accident or Illness or general debility or exhaustion ("run-down condition");

xix. Obesity

Treatment for obesity.

xx. OPD Treatment

OPD Treatment is not covered except for animal bite vaccinations that are taken on OPD Treatment basis upto the limit provided in the Product Benefit Table. explicitly stated as an eligible benefit.

xxi. Stem cell implantation

Stem cell implantation, harvesting, storage, or any kind of treatment using stem cells.

xxii. Ancilliary Hospital Charges

Charges related to a Hospital stay not expressly mentioned as being covered, including but not limited to charges for admission, discharge, administration, RMO charges, night charges, registration, documentation and filing, surcharges. Service charges levied by the Hospital under whatever head.

xxiii. Preventive Care

All preventive care, vaccination including inoculation and immunisations (except in case of post-bite treatment as covered under this Policy),

xxiv. Treatment for Alopecia

Any treatment and associated expenses for alopecia, baldness, wigs, or toupees, medical supplies including elastic stockings, diabetic test strips, and similar products.

xxv. Unrelated diagnostic, X-ray or laboratory examinations

Charges incurred at a Hospital primarily for evaluative or diagnostic or observation purposes for which no active treatment is given, X-Ray or laboratory examinations or other diagnostic studies, not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness or Injury, whether or not requiring Hospitalization.

xxvi. Charges for medical papers

Any charges incurred to procure any medical certificate, medical records, treatment or Illness/Injury related documents pertaining to any period of Hospitalization/Day Care Treatment undertaken for any Accident, Illness or Injury.

xxvii. Reproductive medicine

- a. Any type of contraception, sterilization, termination of pregnancy or Family planning.
- b. Treatment to assist reproduction, including IVF treatment.
- c. Any expense incurred on treatment arising from or traceable to pregnancy (including voluntary termination of pregnancy, childbirth, miscarriage, abortion or complications of any of these, including caesarean section.

However, the above exclusions do not apply to treatment for ectopic pregnancy.

xxviii. Self-inflicted injuries

Treatment for, or arising from, an injury that is intentionally self-inflicted, including attempted suicide.

xxix. Sexual problems and gender issues

Treatment of any sexual problem including impotence (irrespective of the cause) and sex changes or gender reassignments or erectile dysfunction.

xxx. Sexually transmitted diseases

Treatment for any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis.

xxxi. Sleep disorders

Treatment for sleep apnea, snoring, or any other sleep-related breathing problem.

xxxii. Speech disorders

Treatment for speech disorders, including stammering unless the disorder occurs directly due to an Accident.

xxxiii. Treatment for developmental problems

Treatment for, or related to developmental problems, including but not limited to:

- a. learning difficulties, such as dyslexia;
- b. behavioral problems, including attention deficit hyperactivity disorder (ADHD);
- c. deviated nasal septum (straitening of the nasal tract).

xxxiv. Treatment received outside India

Any treatment received outside India

xxxv. Unrecognised physician or Hospital:

- a. Treatment provided by a Medical Practitioner who is not recognized by the Medical Council of India.
- b. Treatment in any hospital or by any Medical Practitioner or any other provider of services that We have blacklisted as listed on Our website.
- c. Treatment provided by anyone with the same residence as Insured Person or who is a member of the Insured Person's immediate family

xxxvi. Unlawful Activity

Any condition as a result of Insured Person committing or attempting to commit a breach of law with criminal intent.

xxxvii. Hospitalization for observation or investigative purpose only

Hospitalization undertaken for observation or for investigations only and where no medical treatment is provided.

xxxviii. Adventure or Hazardous Sports

Active participation in adventure or hazardous sports including but not limited to para-jumping, rock climbing, mountaineering, motor racing, horse racing or deep-sea diving.

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

4. Standard Terms and Conditions

a. Reasonable Care

The Insured Person shall take all reasonable steps to safeguard against any Accident or Illnesses that may give rise to any claim under this Policy.

b. Observance of terms and conditions

The due observance and fulfillment of the terms, conditions and endorsement of this Policy in so far as they relate to anything to be done or complied with by the Insured Person, shall be a Condition Precedent to any liability to make payment under this Policy .

c. Loading

We shall apply a risk loading on the premium payable for certain specific conditions as per Our board approved underwriting policy (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance), which shall be mentioned specifically in the Schedule of Insurance Certificate. The maximum risk loading applicable (for individual & family first policies only) for an individual shall not exceed 400% per diagnosis / medical condition and an overall risk loading of 400% per person. These loadings are applied from the inception of the initial Policy including subsequent Renewal(s) with Us or on the receipt of a request for increase in Sum Insured (for which the loading shall be applied on the increased Sum Insured).

We will inform You about the applicable risk loading through post/courier/email/phone. You shall revert to Us with your consent and additional premium (if any), within 15 days of the issuance of such counter offer. In case, You neither accept the counter offer nor revert to Us within 15 days, We shall cancel Your application and refund the premium paid within the next 15 days.

d. Subrogation

The Insured Person shall do and concur in doing and permit to be done all such acts and things as may be necessary or required by Us, before or after indemnification, in enforcing or endorsing any rights or remedies, or of obtaining relief or indemnity, to which We are or would become entitled or subrogated. Neither You nor any Insured Person shall do any acts or things that prejudice these subrogation rights in any manner. Any recovery made by Us pursuant to this clause shall first be applied to the amounts paid or payable by Us under this Policy and the costs and expenses incurred by Us in effecting the recovery, whereafter We shall pay the balance amount to You. This clause shall not apply to Hospital Cash benefit (as applicable under the Policy).

e. Contribution

It is agreed and understood that if in addition to this Policy, there is any other insurance policy in force under which a claim for reimbursement of Medical Expenses in respect of the Insured Person could be made, then the Insured Person may choose the insurance policy under which the Insured Person wishes the claim to be settled. If, in such cases, the amount claimed (after considering the applicable Deductibles and Co-payment) exceeds the sum insured under a single

policy, the Insured Person may choose the insurance policies under which the claim is to be settled and if this Policy is chosen then We will settle the claim by applying the Contribution provisions.

f. Fraudulent claims

If a claim is in any way found to be fraudulent, or if any false statement, or declaration is made or used in support of such a claim, or if any fraudulent means or devices are used by the Insured Person or any false or incorrect Disclosure to Information Norms or anyone acting on behalf of the Insured Person to obtain any benefit under this Policy, then this Policy shall be void and all claims being processed shall be forfeited for all Insured Persons and all sums paid under this Policy shall be repaid to Us by all Insured Persons who shall be jointly liable for such repayment.

g. 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 any medical checkup, 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.

h. Portability Benefit

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 the completed Portability Form with complete documentation at least 45 days 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 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.
 - (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) We have received necessary details of medical history and claim history from the previous insurance company for the Insured Person's previous health insurance policy through the IRDA's web portal.
- ii. No additional loading or charges shall be applied by Us exclusively for porting the policy.

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 existing health insurance policy.

(3) 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.

(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.

i. 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.

For Policy Period of one year:

Length of time Policy in force	Refund of premium
up to 30 days	75%
31 to 90 days	50%
91 to 180 days	25%
exceeding 180 days	0%

For Policy Period of two years:

Up to 30 days	87.50%
31 to 90 days	75.00%
91 to 180 days	62.50%
181 to 365 days	50.00%
366to 455days	37.50%
456 to 545 days	25.00%
Exceeding 545 days	0%

2. Automatic Cancellation:

a. Individual Policy:

The Policy shall automatically terminate on death of the Insured Person

b. For Policy issued to Family Floater and Family First Policies:

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 in Section 4(i)(1) 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:

- 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;
- ii. You or any Insured Person has not disclosed any true , complete and all correct facts in relation to the Policy; and/or
- iii. Continuance of the Policy poses a moral hazard.

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

j. Territorial Jurisdiction

All benefits are available in India only, and all claims shall be payable in India in Indian Rupees only.

k. Policy Disputes

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein shall be governed by Indian law and shall be subject to the jurisdiction of the Indian Courts.

l. Renewal of Policy

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. The amount of premium is dependent on the age of the Insured Person and the geographical locations. The reference of age for calculating the premium for Family Floater Policies shall be the age of the eldest Insured Person. 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.

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.

Renewal of the Policy will not ordinarily be denied other than on grounds of moral hazard, misrepresentation or fraud or non-cooperation by You.

m. Notices

Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile to

- i. The You/Insured Person at the address specified in the Schedule of Insurance Certificate or at the changed address of which We must receive written notice.
- ii. Us at the following address.

Max Bupa Health Insurance Company Limited

B-1/I-2, Mohan Cooperative Industrial Estate

Mathura Road, New Delhi-110044

Fax No.: 1800-3070-3333

In addition, we may send You/Insured Person other information through electronic and telecommunications means with respect to Your Policy from time to time.

n. Claims Procedure

(a) Cashless Hospitalization Facility for Network Provider:

- i. The health card We provide will enable an Insured Person to access treatment on a cashless basis only at any Network Provider on the production of the card to the Hospital prior to admission, provided that:
 - (1) The Insured Person has notified Us in writing at least 72 Hours before a planned Hospitalization. In an Emergency the Insured Person should notify Us in writing within 48 hours of Hospitalization; and
 - (2) We have pre-authorized the Inpatient Care or Day Care Treatment.
- ii. Cashless Facility treatment will not be available if You take treatment in a Non-Network Hospital.
- iii. For cashless Hospitalization We will make the payment of the amounts assessed to be due directly to the Network Provider. The treatment must take place within

15 days of the pre-authorization date and pre-authorization is only valid if all the details of the authorized treatment, including dates, Hospital and locations, match with the details of the actual treatment received.

- iv. If pre-authorization is not obtained then the Cashless Facility will not be available and the claims procedure shall be as per (b)(ii) below.

(b) Non-Network Hospitals & All Other Claims for Reimbursement:

- i. In all Hospitalizations which have not been pre-authorized, We must be notified in writing within 48 hours of admission to the Hospital or before discharge from the Hospital, whichever is earlier. The Notification of Claim should be ideally provided by the Policyholder/Insured Person. In the event Policyholder and Insured Person is unwell, then the Notification of Claim should be provided by any immediate adult member of the family.

The following information is mandated in the notification:

1. Policy number.
 2. Name of Policyholder.
 3. Name of Insured Person in respect of whom the claim has been notified.
 4. Name of Hospital with address and contact number.
 5. Diagnosis.
 6. Treatment undergone (medical / surgical management with name of surgical procedure undergone, if applicable) and approximate amount being claimed for
- ii. For any Illness or Accident or medical condition that requires Hospitalization, the Insured Person shall deliver to Us the necessary documents listed below, at his own expense, within 30 days of the Insured Person's discharge from Hospital (when the claim is only in respect of Post-hospitalization, within 30 days of the completion of the Post-hospitalization):
 - (1) Claim form duly completed and signed by the claimant.
 - (2) Cancelled Cheque
 - (3) Self attested copy of valid age proof (Passport / Driving License / PAN card / class X certificate / Birth certificate)
 - (4) Self attested copy of identity proof (Passport / Driving License / PAN card / Voters identity card)
 - (5) Original Discharge summary
 - (6) Original final bill from Hospital with detailed break-up and paid receipt.
 - (7) Original bills of medicines purchased, or of any other investigation done outside hospital with reports and requisite prescriptions.
 - (8) Invoice of major accessories in case billed and utilized during treatment (if not included in the final hospital bill).

- (9) For Medicolegal cases (MLC/FIR copy attested by the concerned hospital / police station (if applicable)
 - (10) Original self-narration of incident in absence of MLC / FIR
 - (11) Original first consultation paper (in case disease is first time diagnosed).
 - (12) Original Laboratory Investigation reports.
 - (13) Original X-Ray/ MRI / Ultrasound films and other Radiological investigations
 - (14) Indoor case paper/OT notes (if required)
- iii. For any medical treatment taken from an Non-Network Hospital We will only pay Medical Expenses which are Reasonable and Customary Charges.
- (c) For Network and Non-Network Hospitals
- In all cases:
- i. 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 Medical Practitioner 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.
 - ii. In the event of the Insured Person's death during Hospitalization, 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.
- (d) All claims are to be notified to Us within a timeline as per Clause 4(n)(b)(i). 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.
- (e) Upon acceptance of a claim, the payment of the amount due shall be made within 30 days from the date of acceptance of the last necessary document. 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 Us.
- (f) It is hereby agreed and understood that in providing pre-authorisation or accepting a claim for reimbursement under this Policy or making a payment under this Policy, We

make no representation and/or give no guarantee and/or assume no responsibility for the appropriateness, quality or effectiveness of the treatment sought or provided.

o. Alteration to the Policy

This Policy constitutes the complete contract of insurance. Any change in the Policy will only be evidenced by a written endorsement signed and stamped by Us. No one except Us can change or vary this Policy.

p. Change of Policyholder

If You do not renew the Policy by the due dates specified in the Schedule of Insurance Certificate, any other adult Insured Person may apply to renew the Policy within 30 days of the end of the Policy Period provided that We receive an application and the premium from such Insured Person and evidence satisfactory to Us of the agreement of all other Insured Persons and You (except in case of death). If We accept such application and the premium for the renewed Policy is paid on time, then the Policy shall be treated as having been renewed without a break in cover. Coverage shall not be available for the period for which no premium is received.

q. Nominee

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.

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.

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.

r. 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.

s. Customer Service and Grievances Reddressal:

- i. In case of any query or complaint/grievance, You / Insured Person may approach Our office at the following address:

Customer Services Department
Max Bupa Health Insurance Company Limited
B-1/I-2, Mohan Cooperative Industrial Estate
Mathura Road, New Delhi-110044

Contact No: 1800-3010-3333
Fax No.: 1800-3070-3333
Email ID: customercare@maxbupa.com

- ii. In case You/Insured Person are not satisfied with the decision of the above office, or have not received any response within 10 days, You/Insured Person may contact the following official for resolution:

Head – Customer Services

Max Bupa Health Insurance Company Limited
B-1/I-2, Mohan Cooperative Industrial Estate
Mathura Road, New Delhi-110044

Contact No: 1800-3010-3333

Fax No.: 1800-3070-3333

Email ID: customercare@maxbupa.com

- iii. In case You/Insured Person are not satisfied with Our decision/resolution, You may approach the Insurance Ombudsman at the addresses given in Annexure I.
- iv. The complaint should be made in writing duly signed by the complainant or by his/her legal heirs with full details of the complaint and the contact information of the complainant.
- v. As per provision 13(3) of the Redressal of Public Grievances Rules 1998, the complaint to the Ombudsman can be made
 - a. only if the grievance has been rejected by the Grievance Redressal Machinery of the Insurer;
 - b. within a period of one year from the date of rejection by the insurer;
 - c. if it is not simultaneously under any litigation.

t. 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. We shall allow the enhancement in Sum Insured 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.

u. 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 notify You at least 3 months prior to the date of withdrawal of the product and We shall provide You an option to migrate to our other suitable retail products as available with Us.

v. 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 atleast 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.

5. Interpretations & Definitions

In this Policy the following words or phrases shall have the meanings attributed to them wherever they appear in this Policy and for this purpose the singular will be deemed to include the plural, the male gender includes the female where the context permits:

Def. 1. **Accident or Accidental** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

Def. 2. **Accrued Bonus** means the sum of No Claim Bonus, Re-fill Sum Insured, and any other bonuses granted or accrued as per the terms and conditions of this Policy.

Def. 3. **Alternative Treatments** are forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.

Def. 4. **Base Sum Insured** means the amount specified as Sum Insured at the inception of a Policy Year and in the event the Policy is upgraded or downgraded on any continuous Renewal, then exclusive of Accrued Bonus, if any, the Sum Insured for which premium is paid at the commencement of the Policy Year for which the prevalent upgrade or downgrade is sought.

Def. 5. **Cashless Facility** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the Network Provider by the insurer to the extent pre-authorization approved.

Def. 6. **Condition Precedent** shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

Def. 7. **Congenital Anomaly** refers to a condition (s) which is present since birth, and which is abnormal with reference to form, structure or position.

- i) Internal Congenital Anomaly : Which is not in the visible and accessible parts of the body
- ii) External Congenital Anomaly: Which is in the visible and accessible parts of the body

Def. 8. **Contribution** is essentially the right of an insurer to call upon other insurers, liable to the same insured, to share the cost of an indemnity claim on a ratable proportion of sum insured.

This clause shall not apply to any Benefit offered on fixed benefit basis

Def. 9. **Co-payment** is a cost-sharing requirement under a health insurance policy that provides that the Policyholder/insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the Sum Insured.

Def. 10. **Day Care Center:** A day care centre means any institution established for Day Care Treatment of illness and/or injuries or a medical set-up within a Hospital and which has been registered within the local authorities, wherever applicable, and is under the supervision of a registered and qualified Medical Practitioner AND must comply with all minimum criteria as under:-

- has Qualified Nursing staff under its employment;
- has qualified medical practitioner (s) in charge;
- had a fully equipped operation theatre of its own where surgical procedures are carried out
- maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.

Def. 11. **Day Care Treatment** refers to medical treatment, and/or surgical procedure which is:

- (i) undertaken under General or Local Anaesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
- (ii) which would have otherwise required a hospitalization of more than 24 hours.

Treatment normally taken on an OPD Treatment basis is not included in the scope of this definition.

Def. 12. **Deductible:** Deductible is a cost-sharing requirement under a health insurance policy that provides that the Insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.

Def. 13. **Diagnostic Tests:** Investigations, such as X-Ray or blood tests, to find the cause of your symptoms and medical condition

Def. 14. **Disclosure to Information Norm:** The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

Def. 15. **Domiciliary Hospitalisation:** means medical treatment for an Illness/disease/injury which in the normal course would require care and treatment at a Hospital but is actually taken while confined at home under any of the following circumstances:

- the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
- the patient takes treatment at home on account of non availability of room in a hospital.

Def. 16. **Emergency** means a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a Medical Practitioner to prevent death or serious long term impairment of the Insured Person's health.

Def. 17. **Emergency Care** means management for a severe Illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a Medical Practitioner to prevent death or serious long term impairment of the Insured Person's health.

Def. 18. **Family Floater Policy** means a Policy in terms of which, two or more persons of a Family are named in the Schedule of Insurance Certificate as Insured Persons. In a Family Floater Policy, Family means a unit comprising of upto six members who are related to each other in the following manner:

- i) Legally married husband and wife as long as they continues to be married; and/or
- ii) Up-to four of their children who are less than 21 years on the date of commencement of the cover under the Policy.

Def. 19. **Family First Policy** means a Policy in terms of which, two or more persons of a Family are named in the Schedule of Insurance Certificate as Insured Persons. In a Family First Policy, Family means the unit comprising of the persons listed below in any combination who is/are related to You in the following manner:-

- a. Legally married spouse as long as he or she continues to be married to You;
- b. Son;
- c. Daughter-in-law;
- d. Daughter;
- e. Son-in-law
- f. Father;
- g. Mother;
- h. Father-in-law as long as Your spouse continues to be married to You;
- i. Mother-in-law as long as Your spouse continues to be married to You;
- j. Grandfather;
- k. Grandmother;
- l. Grandson;

- m. Granddaughter;
- n. Brother;
- o. Sister;
- p. Sister-in-law;
- q. Brother-in-law;
- r. Nephew;
- s. Niece.

- Def. 20. **Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of Pre-existing Diseases. Coverage is not available for the period for which no premium is received.
- Def. 21. **Hospital** means any institution established for Inpatient care and Day Care Treatment of illness and / or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act or complies with all minimum criteria as under:
- a) has at least 10 inpatient beds, in those towns having a population of less than 10,00,000 and atleast 15 inpatient beds in all other places;
 - b) has Qualified Nursing staff under its employment round the clock;
 - c) has qualified Medical Practitioner (s) in charge round the clock;
 - d) has a fully equipped operation theatre of its own where surgical procedures are carried out
 - e) maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.
- Def. 22. **Hospital Cash** means the additional benefit which will be available to the Insured Person up to the limit provided in the Product Benefits Table.
- Def. 23. **Hospitalization** or **Hospitalised** means the admission in a Hospital for a minimum period of 24 Inpatient Care consecutive hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.
- Def. 24. **Injury:** Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
- Def. 25. **Information Summary Sheet** means the record and confirmation of information provided to Us or Our representatives over the telephone for the purposes of applying for this Policy.
- Def. 26. **Intensive Care Unit** means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life

support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

- Def. 27. **Illness** means sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.
- i) Acute condition- Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.
 - ii) Chronic condition- A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:- it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/or tests- it needs ongoing or long-term control or relief of symptoms –it requires your rehabilitation or for you to be specifically trained to cope with it- it continues indefinitely – it comes back or is likely to come back.
- Def. 28. **Inpatient** means the Insured Person's admission to for treatment in a Hospital for more than 24 hours for a covered event.
- Def. 29. **Inpatient Care** means treatment for which the Insured Person has to stay in a hospital for more than 24 hours for a covered event.
- Def. 30. **Insured Person** means person named as insured in the Schedule of Insurance Certificate. Any Family member may be added as an Insured Person during the Policy Period if We have accepted his application for insurance and issued an endorsement confirming the addition of such person as an Insured Person.
- Def. 31. **Maternity Expenses** shall include—(a) medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization).(b) expenses towards lawful medical termination of pregnancy during the policy period.
- Def. 32. **Medical Advise:** Any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.
- Def. 33. **Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
- Def. 34. **Medical Practitioner:** A Medical Practitioner is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy setup by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of licence.

- Def. 35. **Medically Necessary:** Medically necessary treatment is defined as any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which:
- a) is required for the medical management of the illness or injury suffered by the insured;
 - b) must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - c) must have been prescribed by a Medical Practitioner;
 - d) must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- Def. 36. **Network Provider** means Hospitals or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an insured on payment by a cashless facility.
- Def. 37. **New Born Baby** means baby born during the Policy Period and is aged between 1 day and 90 days, both days inclusive.
- Def. 38. **Notification of Claim** is the process of notifying a claim to the insurer or TPA by specifying the timelines as well as the address / telephone number to which it should be notified.
- Def. 39. **Non-Network** means any Hospital, Day Care Centre or other provider that is not part of the Network.
- Def. 40. **OPD Treatment** is one in which the Insured Person visits a clinic/ hospital, or associated facility like a consultation room, for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or In-Patient..
- Def. 41. **Policy** means these terms and conditions, any annexure thereto and the Schedule of Insurance Certificate (as amended from time to time), Your statements in the proposal form and the Information Summary Sheet and the policy wording (including endorsements, if any).
- Def. 42. **Policy Period** means the period between the date of commencement and the expiry date specified shown in the Schedule of Insurance Certificate.
- Def. 43. **Policy Year** means the period of one year commencing on the date of commencement specified in the Schedule of Insurance Certificate or any anniversary thereof.
- Def. 44. **Pre-existing Disease** means any condition, ailment or injury or related condition(s) for which the Insured Person had signs or symptoms, and / or were diagnosed, and / or received medical advice/ treatment, within 48 months prior to the first Policy issued by Us.
- Def. 45. **Pre-hospitalization Medical Expenses**
Medical Expenses incurred immediately before the Insured Person is Hospitalised, provided that:
- I. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and

II. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

Def. 46. Post-hospitalization Medical Expenses

Medical Expenses incurred immediately after the Insured Person is discharged from the hospital, provided that:

- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and
- ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

Def. 47. Portability means transfer by an individual health insurance policy holder (including family cover) of the credit gained for Pre-existing Disease and time bound exclusions if he/she chooses to switch from one insurer to another.

Def. 48. Product Benefits Table means the Product Benefits Table issued by Us and accompanying this Policy and annexures thereto.

Def. 49. Qualified Nurse is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

Def. 50. Rehabilitation: Treatment aimed at restoring health or mobility, or to allow a person to live an independent life, such as after a stroke.

Def. 51. Reasonable and Customary Charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the Illness / injury involved.

Def. 52. Re-fill Sum Insured means the restoration of hundred percent of the Base Sum Insured in accordance with Clause 2.12 (Refill Benefit) of the Policy.

Def. 53. Renewal defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.

Def. 54. Room rent means the amount charged by a hospital for the occupancy of a bed on per day (24 hours) basis and shall include associated medical expenses.

Def. 55. Schedule of Insurance Certificate means the schedule provided in the insurance certificate issued by Us, and, if more than one, then the latest in time.

Def. 56. Subrogation shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.

- Def. 57. **Sum Insured** means the sum shown in the Schedule of Insurance Certificate which represents Our maximum total and cumulative liability for any and all claims under the Policy during the Policy Period.
- Def. 58. **Surgery or Surgical Procedure** means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a Hospital or Day Care Centre by a Medical Practitioner.
- Def. 59. **Unproven/Experimental treatment:** Unproven/Experimental treatment is treatment, including drug Experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.
- Def. 60. **We/Our/Us** means Max Bupa Health Insurance Company Limited
- Def. 61. **You/Your/Policyholder** means the person named in the Schedule of Insurance Certificate who has concluded this Policy with Us.

Any reference to any statute shall be deemed to refer to any replacement or amendment to that statute.

'Max', Max Logo, 'Bupa' and HEARTBEAT logo are trademarks of their respective owners and are being used by Max Bupa Health Insurance Company Limited under license.

Annexure I

CONTACT DETAILS	JURISDICTION	Date of Joining	Date of Demiting
AHMEDABAD Sh. P.Ramamoorthy Office of the Insurance Ombudsman, 2nd floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad – 380 014 Tel.:- 079-27546150/139 Fax:- 079-27546142 Email:- ins.omb@rediffmail.com	State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu.	21-07-2011	20-07-2014
BHOPAL Sh.Raj Kumar Srivastava Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Bhopal – 462 011. Tel.:- 0755-2769200/201/202 Fax:- 0755-2769203 Email:- bimalokpalbhopal@gmail.com	States of Madhya Pradesh and Chattisgarh.	27-05-2013	26-05-2016
BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.:- 0674-2596461/2596455 Fax:- 0674-2596429 Email:- ioobbsr@dataone.in	State of Orissa.		
CHANDIGARH Sh.Manik B.Sonawane Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.:- 0172-2706196/5861/6468 Fax:- 0172-2708274 Email:- ombchd@yahoo.co.in	States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.	21-09-2012	20-09-2015
CHENNAI Sh. Virander Kumar Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai,	State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of	09-05-2013	08-05-2016

<p>Teynampet, CHENNAI – 600 018. Tel.:- 044-24333678/664/668 Fax:- 044-24333664 Email:- chennaiinsuranceombudsman@gmail.com</p>	<p>Pondicherry).</p>		
<p>DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.:- 011-23239611/7539/7532 Fax:- 011-23230858 Email:-jobdelraj@rediffmail.com</p>	<p>States of Delhi and Rajasthan.</p>		
<p>GUWAHATI Sh.D.C.Choudhury Office of the Insurance Ombudsman, 'Jeevan Nivesh', 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.:- 0361-2132204/2131307/2132205 Fax:- 0361-2732937 Email:- ombudsmanghy@rediffmail.com</p>	<p>States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>	<p>18-07-2011</p>	<p>17-07-2014</p>
<p>HYDERABAD Sh. G.Rajeswara Rao Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court" Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.:- 040-23325325/23312122 Fax:- 040-23376599 Email:-insombudhyd@gmail.com</p>	<p>States of Andhra Pradesh, Karnataka and Union Territory of Yanam - a part of the Union Territory of Pondicherry.</p>	<p>15-05-2013</p>	<p>14-05-2016</p>
<p>KOCHI Office of the Insurance Ombudsman, 2nd Floor, CC 27 / 2603, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.:- 0484-2358734/759/9338 Fax:- 0484-2359336 Email:- iokochi@asianetindia.com</p>	<p>State of Kerala and Union Territory of (a) Lakshadweep (b) Mahe- a part of Union Territory of Pondicherry.</p>		
<p>KOLKATA Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4, C.R. Avenue, 4th</p>	<p>States of West Bengal, Bihar, Sikkim, Jharkhand and Union Territories of</p>		

<p>Floor, KOLKATA - 700 072. TEL : 033-22124346/22124339 Fax : 033-22124341 Email:-insombudsmankolkata@gmail.com</p>	<p>Andaman and Nicobar Islands.</p>		
<p>LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow-226 001. Tel.:- 0522-2201188/31330/1 Fax:- 0522-2231310 Email:-insombudsman@rediffmail.com</p>	<p>States of Uttar Pradesh and Uttaranchal.</p>		
<p>MUMBAI Sh.A.K.Dasgupta Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.:- 022-26106928/360/6552/6960 Fax:- 022-26106052 Email:- ombudsmanmumbai@gmail.com</p>	<p>States of Maharashtra and Goa.</p>	<p>16-05-2013</p>	<p>15-05-2016</p>

OFFICE OF THE GOVERNING BODY OF INSURANCE COUNCIL

Smt. Rita Bhattacharya, Secretary General
3rd Floor, Jeevan Seva Annexe,
S.V. Road, Santacruz(W),
MUMBAI – 400 021
Tel : 022-26106245
Fax : 022-26106949
Email- inscoun@gmail.com

Shri D V Dixit, Dy. Secretary
3rd Floor, Jeevan Seva Annexe,
S.V. Road, Santacruz (W),
MUMBAI – 400 021.
Tel : 022-26106980
Fax : 022-26106949

Annexure II

List of Generally excluded in Hospitalisation Policy		
SNO	List of Expenses Generally Excluded ("Non-Medical")in Hospital Indemnity Policy -	SUGGESTIONS
TOILETRIES/COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS		
1	HAIR REMOVAL CREAM	Not Payable
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	Not Payable
3	BABY FOOD	Not Payable
4	BABY UTILITES CHARGES	Not Payable
5	BABY SET	Not Payable
6	BABY BOTTLES	Not Payable
7	BRUSH	Not Payable
8	COSY TOWEL	Not Payable
9	HAND WASH	Not Payable
10	M01STUR1SER PASTE BRUSH	Not Payable
11	POWDER	Not Payable
12	RAZOR	Payable
13	SHOE COVER	Not Payable
14	BEAUTY SERVICES	Not Payable
15	BELTS/ BRACES	Essential and may be paid specifically for cases who have undergone surgery of thoracic or lumbar spine.
16	BUDS	Not Payable
17	BARBER CHARGES	Not Payable
18	CAPS	Not Payable
19	COLD PACK/HOT PACK	Not Payable
20	CARRY BAGS	Not Payable
21	CRADLE CHARGES	Not Payable
22	COMB	Not Payable
23	DISPOSABLES RAZORS CHARGES (for site preparations)	Payable
24	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable
25	EYE PAD	Not Payable
26	EYE SHEILD	Not Payable
27	EMAIL / INTERNET CHARGES	Not Payable
28	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	Not Payable
29	FOOT COVER	Not Payable
30	GOWN	Not Payable

31	LEGGINGS	Essential in bariatric and varicose vein surgery and should be considered for these conditions where surgery itself is payable.
32	LAUNDRY CHARGES	Not Payable
33	MINERAL WATER	Not Payable
34	OIL CHARGES	Not Payable
35	SANITARY PAD	Not Payable
36	SLIPPERS	Not Payable
37	TELEPHONE CHARGES	Not Payable
38	TISSUE PAPER	Not Payable
39	TOOTH PASTE	Not Payable
40	TOOTH BRUSH	Not Payable
41	GUEST SERVICES	Not Payable
42	BED PAN	Not Payable
43	BED UNDER PAD CHARGES	Not Payable
44	CAMERA COVER	Not Payable
45	CLINIPLAST	Not Payable
46	CREPE BANDAGE	Not Payable/ Payable by the patient
47	CURAPORE	Not Payable
48	DIAPER OF ANY TYPE	Not Payable
49	DVD, CD CHARGES	Not Payable (However if CD is specifically sought by Insurer/TPA then payable)
50	EYELET COLLAR	Not Payable
51	FACE MASK	Not Payable
52	FLEXI MASK	Not Payable
53	GAUSE SOFT	Not Payable
54	GAUZE	Not Payable
55	HAND HOLDER	Not Payable
56	HANSAPLAST/ADHESIVE BANDAGES	Not Payable
57	INFANT FOOD	Not Payable
58	SLINGS	Reasonable costs for one sling in case of upper arm fractures should be considered
ITEMS SPECIFIC ALL Y EXCLUDED IN THE POLICIES		
59	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Exclusion in policy unless otherwise specified
60	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	Exclusion in policy unless otherwise specified
61	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	Exclusion in policy unless otherwise specified
62	HORMONE REPLACEMENT THERAPY	Exclusion in policy unless otherwise specified
63	HOME VISIT CHARGES	Exclusion in policy unless otherwise specified
64	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Exclusion in policy unless otherwise specified

65	OBESITY (INCLUDING MORBID OBESITY) TREATMENT IF EXCLUDED IN POLICY	Exclusion in policy unless otherwise specified
66	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Exclusion in policy unless otherwise specified
67	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Exclusion in policy unless otherwise specified
68	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Exclusion in policy unless otherwise specified
69	DONOR SCREENING CHARGES	Exclusion in policy unless otherwise specified
70	ADMISSION/REGISTRATION CHARGES	Exclusion in policy unless otherwise specified
71	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Exclusion in policy unless otherwise specified
72	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not payable - Exclusion in policy unless otherwise specified
73	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY	Not payable as per HIV/AIDS exclusion
74	STEM CELL IMPLANTATION/ SURGERY and storage	Not Payable except Bone Marrow Transplantation where covered by policy
ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS		
75	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges, not payable separately
76	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not payable.
77	MICROSCOPE COVER	Payable under OT Charges, not payable separately
78	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER	Payable under OT Charges, not payable separately
79	SURGICAL DRILL	Payable under OT Charges, not payable separately
80	EYE KIT	Payable under OT Charges, not payable separately
81	EYE DRAPE	Payable under OT Charges, not payable separately
82	X-RAY FILM	Payable under Radiology Charge s, not as consumable
83	SPUTUM CUP	Payable under Investigation Charges, not as consumable
84	BOYLES APPARATUS CHARGES	Part of OT Charges, not seperately
85	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable

86	Antiseptic or disinfectant lotions	Not Payable -Part of Dressing Charges
87	BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES,SYRINGES	Not Payable -Part of Dressing Charges
88	COTTON	Not Payable -Part of Dressing Charges
89	COTTON BANDAGE	Not Payable -Part of Dressing Charges
90	MICROPORE/ SURGICAL TAPE	Not Payable-Payable by the patient when prescribed , otherwise included as Dressing Charges
91	BLADE	Not Payable
92	APRON	Not Payable -Part of Hospital Services/Disposable linen to be part of OT/ICU charges
93	TORNIQUET	Not Payable (service is charged by hospitals,consumables can not be separately charged)
94	ORTHOBUNDLE, GYNAEC BUNDLE	Part of Dressing Charges
95	URINE CONTAINER	Not Payable
ELEMENTS OF ROOM CHARGE		
96	LUXURY TAX	Actual tax levied by government is payable .Part of room charge for sublimits
97	HVAC	Part of room charge not payable separately
98	HOUSE KEEPING CHARGES	Part of room charge not payable separately
99	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge not payable separately
100	TELEVISION & AIR CONDITIONER CHARGES	Payable under room charges not if separately levied
101	SURCHARGES	Part of room charge not payable separately
102	ATTENDANT CHARGES	Not Payable - Part of Room Charges
103	IM IV INJECTION CHARGES	Part of nursing charges, not payable
104	CLEAN SHEET ^	Part of Laundry/Housekeeping not payable separately
105	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable
106	BLANKET/WARMER BLANKET ADMINISTRATIVE OR NON-MEDICAL CHARGES	Not Payable- part of room charges
107	ADMISSION KIT	Not Payable
108	BIRTH CERTIFICATE	Not Payable
109	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
110	CERTIFICATE CHARGES	Not Payable
111	COURIER CHARGES	Not Payable
112	CONVENYANCE CHARGES	Not Payable
113	DIABETIC CHART CHARGES	Not Payable

114	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
115	DISCHARGE PROCEDURE CHARGES	Not Payable
116	DAILY CHART CHARGES	Not Payable
117	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
118	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible
119	FILE OPENING CHARGES	Not Payable
120	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
121	MEDICAL CERTIFICATE	Not Payable
122	MAINTENANCE CHARGES	Not Payable
123	MEDICAL RECORDS	Not Payable
124	PREPARATION CHARGES	Not Payable
125	PHOTOCOPIES CHARGES	Not Payable
126	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
127	WASHING CHARGES	Not Payable
128	MEDICINE BOX	Not Payable
129	MORTUARY CHARGES	Payable upto 24 hrs,shifting charges not payable
130	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
EXTERNAL DURABLE DEVICES		
131	WALKING AIDS CHARGES	Not Payable
132	BIPAP MACHINE	Not Payable
133	COMMODE	Not Payable
134	CPAP/ CAPD EQUIPMENTS Device	Not Payable
135	INFUSION PUMP - COST Device	Not Payable
136	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
137	PULSEOXYMETER CHARGES Device	Not Payable
138	SPACER	Not Payable
139	SPIROMETRE Device	Not Payable
140	SPO 2PROB E	Not Payable
141	NEBULIZER KIT	Not Payable
142	STEAM INHALER	Not Payable
143	ARMSLING	Not Payable
144	THERMOMETER	Not Payable (paid by patient)
145	CERVICAL COLLAR	Not Payable
146	SPLINT	Not Payable
147	DIABETIC FOOT WEAR	Not Payable

148	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
149	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
150	LUMBOSACRAL BELT	Essential and should be paid specifically for cases who have undergone surgery of lumbar spine.
151	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia /quadriplegia for any reason and at reasonable cost of approximately Rs 200/ day
152	AMBULANCE COLLAR	Not Payable
153	AMBULANCE EQUIPMENT	Not Payable
154	MICROSHEILD	Not Payable
155	ABDOMINAL BINDER	Essential and should be paid in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal liver transplant etc. obstruction,
ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION		
156	BETADINE \ HYDROGEN PEROXIDE \ SPIRIT \ DISINFECTANTS ETC	May be payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital
157	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Post hospitalization nursing charges not Payable
158	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES DIET CHARGES	Patient Diet provided by hospital is payable
159	SUGAR FREE Tablets	Payable -Sugar free variants of admissible medicines are not excluded
160	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)	Payable when prescribed
161	Digestion gels	Payable when prescribed
162	ECG ELECTRODES	Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be payable.
163	GLOVES Sterilized Gloves	payable /unsterilized gloves not payable
164	HIV KIT	Payable - payable Preoperative screening
165	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
166	LOZENGES	Payable when prescribed
167	MOUTH PAINT	Payable when prescribed
168	NEBULISATION KIT	If used during hospitalization is payable reasonably

169	NOVARAPID	Payable when prescribed
170	VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
171	ZYTEE GEL	Payable when prescribed
172	VACCINATION CHARGES	Routine Vaccination not Payable / Post Bite Vaccination Payable
PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE		
173	AHD	Not Payable - Part of Hospital's internal Cost
174	ALCOHOL SWABES	Not Payable - Part of Hospital's internal Cost
175	SCRUB SOLUTION/STERILLIUM	Not Payable - Part of Hospital's internal Cost
OTHERS		
176	VACCINE CHARGES FOR BABY	Payable as per Plan
177	AESTHETIC TREATMENT / SURGERY	Not Payable
178	TPA CHARGES	Not Payable
179	VISCO BELT CHARGES	Not Payable
180	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
181	EXAMINATION GLOVES	Not Payable
182	KIDNEY TRAY	Not Payable
183	MASK	Not Payable
184	OUNCE GLASS	Not Payable
185	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not payable, except for telemedicine consultations where covered by policy
186	186 OXYGEN MASK	Not Payable
187	PAPER GLOVES	Not Payable
188	PELVIC TRACTION BELT	Should be payable in case of PIVI) requiring traction as this is generally not reused
189	REFERAL DOCTOR'S FEES	Not Payable
190	ACCU CHECK (Glucometry/ Strips)	Not payable prehospitalisation or post hospitalisation / Reports and Charts required / Device not payable
191	PAN CAN	Not Payable
192	SOFNET	Not Payable
193	TROLLY COVER	Not Payable
194	UROMETER, URINE JUG	Not Payable
195	AMBULANCE	Payable as per Plan
196	TEGADERM / VASOFIX SAFETY	Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs
197	URINE BAG P	Payable where medically necessary till a reasonable cost - maximum 1 per 24 hrs
198	SOFTOVAC	Not Payable

199	STOCKINGS	Essential for case like CABG etc. where it should be paid.
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Annexure III

Format to be filled up by the proposer for change in occupation of the Insured

Policy No	Name of the Insured	Date of birth/Age	Relationship with Proposer	City of residence	Previous Occupation or Nature of Work	New Occupation or Nature of Work

Place: _____

Proposer's Signature _____

Date: _____

Name: _____

(DD/MM/YYYY)

HEALTH COMPANION HEALTH INSURANCE PLAN

ENDORSEMENT

MAX BUPA HEALTH INSURANCE COMPANY LIMITED

**B-1/I-2, Mohan Cooperative Industrial Estate
Mathura Road, New Delhi-110044**

Endorsements

All benefits issued with this Policy or endorsed to the Schedule of Insurance Certificate shall be subject to the terms, conditions and exclusions of this Policy, except to the extent expressly varied by the endorsement. All other Policy terms, conditions and exclusions shall remain unchanged. Any of the below endorsements shall be applicable if You opt for these benefits and We have issued an endorsement to the Schedule of Insurance Certificate.

1. Top-up plan

The following shall be added to the Policy as Clause 2 and shall be integrated into and construed as a part of the Standard Terms and Conditions:-

The Insured Person shall bear on his own account an amount equal to the Deductible specified in the Schedule of Insurance Certificate for any and all claim amounts We assess to be payable by Us in respect of all claims made by that Insured Person under the Policy for a Policy Year. It is agreed that Our liability to make payment under the Policy in respect of any claim made in that Policy Year will only commence once the Deductible has been exhausted.

It is further agreed that, if We have admitted a claim under the Policy to which the provisions of Section 4(e) are applicable, then: (i) the provisions in Section 4(e) will apply only to any amounts payable by Us in respect of a claim made by the Insured Person after the Deductible has been exhausted; and (ii) in such cases, Our rateable proportion of the claim payable in accordance with Section 4(e) will be determined with reference to the amount payable after the Deductible has been exhausted.

You have an option at the time of Renewal to convert it into regular plan by paying additional premium.

2. Tiered Network

The following shall be added to the Policy as Clause 2 and shall be integrated into and construed as a part of the Standard Terms and Conditions:-

Notwithstanding the Claims Procedure under Clause 4(n) of the Standard Terms and Conditions, it is agreed that an Insured Person whose address is in Zone 2 (as specified in the Schedule of Insurance Certificate), can opt out of claiming for any treatments obtained in Zone 1. For this, You will get an additional 10% discount on the applicable premium. Unless if such Insured Person obtains treatment in Zone 1, in which case cashless facility will not be available to the Insured Person, and We will pay only

80% of any amount We assess for payment or reimbursement in respect of any such claim and the balance will be borne by the Insured Person.'

3. **Maternity Benefits**

The following shall be added to the Policy as Clause 2 and shall be integrated into and construed as a part of the Standard Terms and Conditions:-

3.1. **Maternity Cover**

3.1.1 (A). **For Family Floater Policy only**

We will cover Medical Expenses for the delivery of a child and Maternity Expenses subject to the following:

- a) This benefit is available only under a Family Floater Policy.
- b) This benefit is available provided legally married husband and wife, both are covered under the same Policy as Insured Persons.
- c) Cover for the Insured Person in respect of whom a claim is made under this benefit, will be available only after 48 months of continuous coverage have elapsed since the inception of the first Policy with Us.
- d) Our maximum liability per pregnancy will be subject to the specified sub-limit as shown in the Product Benefits Table;

3.1.1(B). **For Family First Policy only**

We will cover Medical Expenses for the delivery of a child and Maternity Expenses subject to the following:

- a) This benefit is available to an adult female Insured Person only;
- b) The Policy has a minimum of two adult Insured Persons;
- c) Cover for the Insured Person in respect of whom a claim is made under this benefit, will be available only after 48 months of continuous coverage have elapsed since the inception of the first Policy with Us.;
- d) Our maximum liability for Maternity Benefits under the Policy for the Policy Period for all the Insured Persons will be subject to the specified sub-limit as shown in the Product Benefits Table.

3.1.2. We will cover Medical Expenses related to a Medically Necessary termination of pregnancy subject to the conditions mentioned above.

3.1.3. The Maternity Benefit is available only twice during the lifetime of the Policy including any Renewal thereof.

3.1.4. The following expenses are not covered under Maternity Benefit:

- (a) Medical Expenses in respect of the harvesting and storage of stem cells when carried out as a preventive measure against possible future illnesses.
- (b) Medical Expenses for ectopic pregnancy. However, these expenses are covered under the Base Plan.

3.2 New Born Baby Cover

We will:

- a) Cover Medical Expenses towards the medical treatment of the Insured Person's New Born Baby while the Insured Person is Hospitalised for Inpatient Care for delivery.
- b) Cover the New Born Baby as an Insured Person until the expiry of the Policy Period in which the baby is born without the payment of any additional premium.
- c) Our maximum liability for this benefit will be subject to the option specified under the Schedule of Insurance Certificate for Insured Person

3.3 Vaccination Cover (Available only if the applicable product plan covers it)

We will cover the Reasonable and Customary Charges for vaccination of the New Born Baby for list of the vaccinations mentioned herein until the New Born Baby completes one year. If the Policy ends before the New Born Baby has completed one year, then, We will only cover such vaccinations until the baby completes one year, and only if We have accepted the baby as an Insured Person at the time of renewal.

List of Vaccines

Time interval	Vaccination to be done (age)	Frequency
Vaccination for first year		
0-3 months	BCG (From birth to 2 weeks)	1
	OPV (0,6,10 weeks) OR OPV + IPV1 (6,10 weeks)	3 OR 4
	DPT (6 & 10 week)	2
	Hepatitis-B (0 & 6 week)	2
	Hib (6 & 10 week)	2
3-6 months	OPV (14 week) OR OPV + IPV2	1 OR 2
	DPT (14 week)	1
	Hepatitis-B (14 week)	1
	Hib (14 week)	1
9 months	Measles (+9 months)	1
12 months	Chicken Pox(12 months)	1

4. Hospital Cash

The following shall be added to the Policy as Clause 2 and shall be integrated into and construed as a part of the Standard Terms and Conditions:-

If the Insured Person is Hospitalized and if We have accepted an In-patient Care Hospitalization claim under Clause 2.1 of the Base Plan, We will pay the Hospital Cash amount specified in the Product Benefits Table for each continuous and completed period of 24 hours of Hospitalization provided that:

- (a) The Insured Person should have been Hospitalized for a minimum period of 48 hours continuously;
- (b) We will not make any payment under this option in respect of an Insured Person for more than 30 days of Hospitalization in total under any Policy Year;
- (c) We will not make any payment under this option for any diagnosis or treatment arising from or related to pregnancy (whether uterine or extra uterine), childbirth including caesarean section, medical termination of pregnancy and/or any treatment related to pre and post natal care of the mother or the New Born Baby.

Claims made in respect of this benefit will not be subject to the Base Sum Insured.