

## **1. Policy Document Terms & Conditions**

The insurance cover provided under this Policy to the Insured Person up to the Sum Insured and within the Aggregate Sum Insured is and shall be subject to (a) the terms and conditions of this Policy and (b) the receipt of premium, and (c) the information You provided to Us (including by way of the proposal form) on Your behalf and on behalf of all persons to be insured. Please inform Us immediately of any change in the address, Primary Insured, state of health, or of any other changes affecting You and/or any Insured Person.

## **2. Benefits**

The Policy covers Medical Expenses incurred towards medical treatment taken by an Insured Person 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 and within the Aggregate 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 shown in the Schedule under either the Employee First plan or Employee First – Classic plan as specified to be applicable in the Schedule:

### **2.1. In-patient Treatment**

We will cover Medical Expenses for:

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

### **2.2. Hospital Accommodation**

We will cover Reasonable and Customary charges 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 In-patient Hospitalisation claim under 2.1 above. Pre-hospitalization 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 In-patient Hospitalisation claim under 2.1 above. Post-hospitalization expenses can be claimed as reimbursement only.

#### 2.5. **Day-Care Procedures**

We will cover Medical Expenses for Day-Care Procedures where such procedures are undertaken by an Insured Person in a Hospital requiring stay for a continuous period of less than 24 hours. Any procedure undertaken on an out-patient basis in a Hospital will not be covered.

#### 2.6 **Domiciliary Treatment (Only available for Employee First plan)**

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 Doctor confirms that the Insured Person could not be transferred to a Hospital or (ii) the Primary Insured satisfies Us that a Hospital bed was unavailable.

#### 2.7 **Organ Donor (Only available for Employee First plan)**

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-hospitalisation 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 ambulance expenses incurred to transfer the Insured Person following an Emergency to the nearest Hospital with adequate facilities if:

- a. The ambulance service is offered by a healthcare or ambulance service provider;
- b. We have accepted an In-patient Hospitalization claim under the provisions of 2.1 above;

In the case of Out Of Network Hospitalization Our maximum liability for ambulance expenses is limited to Rs.2,000/- per event.

## 2.9 Health Checkup (Only available under Employee First plan)

We will cover the cost of a health checkup as per Your plan eligibility as defined in the Product Benefits Table. We will only cover health checkups arranged by Us through Our empanelled service providers.

## 3. Co-pay

If any Insured Person is 60 years of age or over on the date of commencement of the current Policy Period, then it is agreed that We will only pay 80% of any amount We assess for payment or reimbursement in respect of any claim under the Policy made by that Insured Person and the balance will be borne by the Insured Person.

## 4. Exclusions

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

### a. Pre-Existing Conditions

Benefits will not be available for Pre-existing Conditions until 48 months of continuous coverage have from the date of commencement of coverage for the Insured Person.

### b. 30 Days Waiting Period

We will not cover any treatment taken during the first 30 days from the date of commencement of coverage for the Insured Person, unless the treatment needed is the result of an Accident or Emergency. This waiting period does not apply for any subsequent and continuous renewals of Your Policy.

### c. Specific Waiting Periods

For all Insured Persons the conditions listed below will be subject to a waiting period of 24 months from the date of commencement of coverage for the Insured Person:

1. Stones in the urinary system
2. Stones in billiary system
3. Surgery on tonsils / adenoids
4. Uterine Polyps
5. Any type of breast lumps
6. Treatment of Spondylosis /Spondylitis - any type
7. Inter Vertebral Disc Prolapse (IVDP) and such other degenerative disorders
8. Cataract
9. BHP
10. Hysterectomy / Myomectomy done due to Menorrhagia / fibroids

11. Fistula in ano
12. Fissure in ano
13. Piles
14. Hernia
15. Hydrocele
16. Sinusitis
17. Knee / hip joint replacement
18. CRF or end stage renal failure
19. congenital cardiac ailments
20. Any type of Carcinoma / sarcoma / blood cancer
21. Osteo Arthritis of any joint
22. Gastric and duodenal Ulcers
23. Varicocele
24. Spermatocele
25. Dilatation and Curettage ( D&C)
26. Diabetic Nephropathy and Retinopathy
27. Mastoidectomy (operation to remove piece of bone behind the ear)
28. Tympanoplasty (Surgery to repair tympanic membrane i.e. eardrum)
29. Gout
30. Rheumatism
31. Varicose veins, Varicose ulcers

**d. 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:-

**i. Addictive conditions and disorders**

Treatment related to Rehabilitation from addictive conditions and disorders, or from any kind of substance 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 use, where such treatment will not result in recovery or restoration of the previous state of health

**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:

1. The Insured Person put himself in danger by entering a known area of conflict where active fighting or insurrections are taking place
2. The Insured Person was an active participant in the above mentioned acts or events of a similar nature.
3. 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:

1. convalescence, Rehabilitation, supervision or any other purpose other than for receiving eligible treatment of a type that normally requires a stay in Hospital.
2. 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
3. receiving services from a therapist or complementary medical practitioner or a practitioner of alternative medicine.

**viii. Cosmetic surgery**

Treatment undergone purely for cosmetic or psychological reasons to improve appearance including:

1. treatment related to or arising from the removal of non-diseased, or surplus or fat tissue, whether or not it is needed for medical or psychological reasons.
2. any treatment or procedure to change the shape or appearance of breast(s) whether or not it is needed for medical or psychological reasons, unless for reconstruction carried out within two years of surgery for breast cancer.

**ix. Dental/oral treatment**

Treatment for any dental or oral condition, which includes Surgical Operations for the treatment of bone disease when related to gum disease or damage, or treatment for, or treatment arising from, disorders of the temporomandibular joint.

EXCEPTION: We will pay for a Surgical Operation undertaken as an In-patient in a Hospital for a continuous minimum period of 24 hours carried out by a Doctor to:

1. put a natural tooth back into a jaw bone after it is knocked out or dislodged in an Accident
2. treat irreversible bone disease involving the jaw which cannot be treated in any other way, but not if it is related to gum disease or tooth disease or damage
3. surgically remove a complicated, buried or impacted tooth root, for example in the case of an impacted wisdom tooth.

**x. Drugs and dressings for Out-patient or take-home use**

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

**xi. Eyesight**

Treatment to correct eyesight, 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. Experimental treatment**

Treatment, including medication, which in Our 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**

Treatment of abnormalities, deformities, illnesses present only because they have been passed down through the generations of the family.

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

1. 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.
2. Private nursing/attendant's charges incurred during Pre-Hospitalization or Post-Hospitalization.
3. Drugs and medical supplies not supported by prescription.
4. Issue of medical certificate and examinations as to suitability for employment or travel or any other such purpose.
5. Any charges incurred to procure any treatment/illness related documents pertaining to any period of hospitalization/illness.
6. External and or durable Medical/Non medical equipment of any kind used for diagnosis and/or treatment including CPAP, CAPD, Infusion pump etc.
7. Ambulatory devices i.e. walker , 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.
8. Nurses hired in addition to the Hospital's own staff.

**xvii. Non-allopathic treatment**

Any other streams of medicine apart from allopathy. We will not pay for other streams of treatment including ayurvedic, homeopathic or unani medicine.

**xviii. Neurological and Psychiatric Conditions**

Treatment of any mental illness or sickness or disease including a psychiatric condition, disorganisation of personality or mind, or emotions or behaviour, Parkinsons 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 where the body mass index (BMI) is greater than 29.

**xx. Out-patient Treatment**

Out-patient Treatment is not covered.

**xxi. Reproductive medicine - Birth control & Assisted reproduction**

1. Any type of contraception, sterilization, termination of pregnancy (except as provided for under Benefit 2.7 above) or family planning.
2. Treatment to assist reproduction, including IVF treatment.

**xxii. Self-inflicted injuries**

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

**xxiii. 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.

**xxiv. Sexually transmitted diseases**

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

**xxv. Sleep disorders**

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

**xxvi. Speech disorders**

Treatment for speech disorders, including stammering

**xxvii. Treatment for developmental problems**

Treatment for, or related to developmental problems, including:



1. learning difficulties, such as dyslexia;
2. behavioral problems, including attention deficit hyperactivity disorder (ADHD);

**xxviii. Treatment received outside India**

Any treatment received outside India is not covered under this Policy.

**xxix. Unrecognised physician or Hospital:**

1. Treatment provided by a medical practitioner who is not recognized by the Medical Council of India.
2. Treatment in any hospital or by any medical practitioner or any other provider of services that We have blacklisted. Details of the same can be viewed on Our website.
3. Treatment provided by anyone with the same residence as an Insured Person or who is a member of the Insured Person's immediate family.

**xxx. Unlawful Activity**

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

**5. 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. 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, where after We shall pay the balance amount to You.

**d. Contribution**

If an Insured Person is covered by any other policy which covers any claim in whole or in part made under this Policy (or would cover any claim made under this Policy, if this Policy did not exist) then We shall not be liable to pay or contribute more than Our rateable proportion of the claim, assessed by Us for payment or reimbursement.

**e. Fraudulent claims**

If a claim is in any way found to be fraudulent, or if any false statement or declaration or if any fraudulent means or devices are used by the Insured Person 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.

**f. Cancellation/ Termination**

**1. Cancellation by Policyholder:**

The Policyholder may terminate this Policy by giving 7 days' prior written notice to Us. We shall cancel the Policy and refund the premium for the period as mentioned herein below, provided that no claim has been reported under the Policy by or on behalf of any Insured Person till the termination date of the Policy. Further, We shall not be liable for any claim, if reported after the termination date of the Policy:

<b>Length of time Policy in force</b>	<b>Refund of premium</b>
Up to 30 days	75%
Up to 90 days	50%
Up to 180 days	25%
Exceeding 180 days	0%

**2. Cancellation by Us:**

We may terminate this Policy by sending 30 days prior written notice to Your address shown in the Schedule 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, provided false or incorrect information, or suppressed any important information, under or in relation to this Policy; and/or
- ii. Continuance of the Policy poses a moral hazard;

**g. Territorial Jurisdiction**

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

**h. 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.

**i. Renewal of Policy**

The renewal premium is payable on or before the due date in the amount shown in the Schedule or at such altered rate as may be reviewed and notified by Us with the approval of the Authority. We are under no obligation to notify You of the renewal date of Your Policy.

If the Policy is not renewed on or before the due date then We shall issue a fresh policy subject to Our underwriting criteria and no continuing benefits shall be available from the expired Policy.

**j. Notices**

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

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

Max Bupa Health Insurance Company Limited  
D-1, 2nd Floor,

Salcon **Ras Vilas**,

District Centre, **Saket**,

New Delhi-110 017

Fax No.: 1800-3070-3333

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

**k. Claims Procedure**

(a) Cashless Hospitalization Facility for Network Hospitals:

- (i) The health card We provide will enable an Insured Person to access treatment on a cashless basis only at any Network Hospital 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 (or person on behalf of the Insured Person) should notify Us in writing within 48 hours of Hospitalization; and

(2) We have pre-authorized the In-patient or Day Care Procedure.

- (ii) Cashless treatment will not be available if the Insured Person takes treatment in an Out-Of-Network Hospital.

- (iii) For cashless Hospitalization We will make the payment of the amounts assessed to be due directly to the Network Hospital. 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. In case the Insured person is covered under the Co-pay clause, We would pay the final bill as assessed and approved by Us, to the Network Hospital, net of the applicable Co-pay applied to the approved amount. The balance amount and other inadmissible costs will be borne by the Insured person and paid directly by the Insured Person to the Network Hospital.

- (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) Out-Of-Network Hospitals & All Other Claims for Reimbursement:

- (i) Insured person is advised to notify in writing a request to pre-authorise expenditure to be reimbursed under this Policy at least 72 hours prior to the planned date of such treatment, consultation, service or procedure being taken for us to pre-authorise such treatment, consultation, service or procedure. In an Emergency the Insured Person should notify Us in writing within 48 hours of Hospitalization.

- (ii) For any Illness or Accident or medical condition that requires Hospitalization, the Insured Person shall deliver to Us the 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) Duly filled claim form.
    - (2) Original bills, receipts and discharge certificate/card from the Hospital/ Doctor.
    - (3) Original bills from chemists supported by proper prescription.
    - (4) Original investigation test reports and payment receipts.
    - (5) Doctor's referral letter advising hospitalization in non-accident cases.
    - (6) Details of any other insurance policy that may respond to the claim.
    - (7) First Information Report (FIR) for medico-legal cases.
  - (iii) For any medical treatment taken from an Out-Of-Network Hospital We will only pay Medical Expenses which are Reasonable and Customary. Delayed payments shall attract interest as per applicable regulations.
- (c) For Network and Out-Of-Network Hospitals
- In all cases:
- (i) We reserve the right to call for:
    - (1) Any other 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.
  - (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) For the purposes of benefit 2.2, it is understood and agreed that if a Hospital room of the category permitted by the insurance plan opted for, as shown in the Product Benefits Table, is unavailable, then We will only be liable to make payment for a Hospital room of a lower category that is actually occupied or in case Hospital room of higher category is occupied then We will only be liable to make payment for a Hospital room of the category permitted by the insurance plan opted for, as shown in the Product Benefits Table and all

associated medical costs. Further where Medical Expenses are linked with room rents, Medical Expenses as applicable to the room that is actually occupied or as per room rates entitlement under the plan opted, whichever is lower shall be paid.

- (e) 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.

#### **I. 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, stamped and communicated by Us. No one except Us can change or vary this Policy.

#### **m. Nominee**

The Primary Insured can at the inception or at any time before the expiry of the Policy, make a nomination for the purpose of payment of claims.

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 the Primary Insured under the Policy, for the purpose of payment of claims in the event of death, the default nominee would be the Primary Insured.

#### **n. Obligations in case of a minor**

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

#### **o. Obligations of the Policyholder**

You shall inform Us immediately about any addition or deletion of the Insured Person in the Policy. Any person may be added as an Insured Person during the Policy Period if his application for insurance cover has been accepted by Us, additional proportionate premium is paid and We have issued an endorsement confirming the addition of this person as an Insured Person.

#### **p. Disclosures on Continuity**

If a Primary Insured ceases to be Your employee during the Policy Period, then cover under the Policy for that Primary Insured and his Dependents (who are named as Insured Persons in the Schedule) will immediately and automatically cease unless the Primary Insured gives Us a written request prior to or within 5 days of the date of cessation of employment, to issue a new health insurance policy to himself and his Dependents (who were named as Insured Persons in the Schedule) for cover up to his Sum Insured under the Policy, on payment of premium in full for the new policy. The Primary Insured understands and agrees that:

- (i) the issue of a new policy shall be subject to Our underwriting requirements, as applicable from time to time, and We may obtain additional information before issuing a new policy;
- (ii) We are not bound to continue all terms and conditions of the present cover under the Policy of the Primary Insured and his Dependents under the new policy, however for calculation of waiting periods including for pre-existing conditions under the new policy the time spent by Primary Insured and his Dependents under this Policy may be taken into account, provided new policy is taken without any break from this Policy. Coverage under the new policy shall be available only for the period for which the premium has been received by Us;

**q. 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  
D-1, 2nd Floor,  
Salcon **Ras Vilas**,  
District Centre, **Saket**,  
New Delhi-110 017  
Contact No: 1800-3010-3333  
Fax No.: 1800-3070-3333  
Email ID: [customercare@maxbupa.com](mailto: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  
D-1, 2nd Floor,  
Salcon **Ras Vilas**,  
District Centre, **Saket**,  
New Delhi-110 017  
Contact No: 1800-3010-3333  
Fax No.: 1800-3070-3333  
  
Email ID: [customercare@maxbupa.com](mailto:customercare@maxbupa.com)

- iii. In case You/ Insured Person are not satisfied with Our decision/resolution, You/ Insured Person may approach the Insurance Ombudsman at the addresses given in Annexure II.
- 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
  - 1. only if the grievance has been rejected by the Grievance Redressal Machinery of the Insurer;
  - 2. within a period of one year from the date of rejection by the insurer;
  - 3. if it is not simultaneously under any litigation.

## 6. 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 and visible means.
- Def. 2. **Aggregate Sum Insured** means the sum shown in the Schedule which represents Our maximum, total and cumulative liability for any and all claims under the Policy during the Policy Period.
- Def. 3. **Congenital Anomaly** refers to either:
  - i) an external condition(s) which is present since birth, in the visible and accessible parts of the body, and which is abnormal with reference to form, structure or position, OR
  - ii) a condition(s) which is present since birth, but is internal and not visible.
- Def. 4. **Co-pay** is a cost-sharing requirement under a health insurance policy that provides that the Insured Person will bear a specified percentage of the admissible costs. A co-pay does not reduce the Sum Insured.
- Def. 5. **Corporate Floater** means additional Sum Insured which can be available to the policy holder under Employee First Classic Plan.
- Def. 6. **Day Care Procedure** refers to medical treatment, and/or surgical procedure which is:
  - undertaken under General or Local Anaesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and



- which would have otherwise required a hospitalization of more than 24 hours.

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

Def. 7. **Dependents** means the Primary Insured's family members listed below:

- i) Legally married spouse as long as he or she continues to be married to Primary Insured;
- ii) Son (s);
- iii) Daughter (s).

Def. 8. **Diagnostic Tests:** Investigations, such as X-Ray or blood tests, to find the cause of Insured Person's symptoms and medical condition.

Def. 9. **Doctor** is a medical practitioner who holds a valid registration from the medical council of any state of India and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his licence.

Def. 10. **Emergency** means a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a Doctor to prevent death or serious long term impairment of the Insured Person's health.

Def. 11. **Family Floater Cover** means a cover in terms of which the Primary Insured and the Primary Insured's Dependents named in the Schedule are covered under the Policy as Insured Persons.

Def. 12. **Hospital** means any institution established for in-patient care and day care treatment of sickness and / or injuries and which has been registered as a hospital with 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:

- a) has at least 10 inpatient beds, in those towns having a population of less than 10,00,000 and 15 inpatient beds in all other places;
- b) has qualified nursing staff under its employment round the clock;
- c) has qualified Doctor (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 Our authorized personnel.

Def. 13. **Hospitalisation** or **Hospitalised** means the admission as an In-patient into a Hospital for necessary medical treatment for a continuous minimum period of 24 hours as a consequence of an illness or Accident occurring during the Policy Period.

Def. 14. **Intensive Care Unit** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated Doctor(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. 15. **Illness** means sickness (which is a condition or an ailment that impacts on the general soundness and health of the body of the Insured Person) or a disease (which is an affliction of the Insured Person's bodily organs that has a distinct and recognised pattern of symptoms) or a pathological condition which results in detriment to normal physiological function and which shows itself during the Policy Period and necessitates medical treatment. Illness does not mean and this Policy does not cover any mental illness or sickness or disease (including but not limited to a psychiatric condition, disorganisation of personality or mind, or emotions or behaviour) even if caused by or aggravated by or related to an Accident or Illness.
- Def. 16. **In-patient:** Treatment for which the Insured Person has to stay in a hospital for more than 24 hours for a covered event.
- Def. 17. **Insured Person** means the Primary Insured named in the Schedule and those of his Dependents named as insured in the Schedule, provided that We will not cover more than 2 Dependent Children of the Primary Insured.
- Def. 18. **Medical Expenses** means expenses necessarily and actually incurred for medical treatment during the Policy Period on the advice of a Doctor due to Illness or Accident, by an Insured Person, which are Reasonable and Customary.
- Def. 19. **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 Person;
  - 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 Doctor; and
  - d) must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- Def. 20. **Network** means all such Hospitals, day care centres or other providers that We have mutually agreed with, to provide services like cashless access to Insured Persons. The list is available with Us and is subject to amendment from time to time.
- Def. 21. **Out-Of-Network** means any Hospital, day care centre or other provider that is not part of the Network.
- Def. 22. **Out-patient Treatment** means treatment given at a hospital, doctors' consulting room, office or Out-patient clinic where Insured Person is not admitted for Day-Care Procedures or In-patient treatment.

- Def. 23. **Policy** means these terms and conditions, any annexure thereto and the Schedule (as amended from time to time), the information statements in the proposal form or the Information Summary Sheet and the policy wording (including endorsements, if any).
- Def. 24. **Policy Period** means the period between the date of commencement and the expiry date specified shown in the Schedule.
- Def. 25. **Pre-existing Condition** 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. 26. **Primary Insured** means any of Your eligible employees who are named as an Insured Person in the Schedule.
- Def. 27. **Product Benefits Table** means the Product Benefits Table issued by Us and accompanying this Policy and annexures thereto.
- Def. 28. **Rehabilitation:** Treatment aimed at restoring health or mobility, or to allow a person to live an independent life, such as after a stroke.
- Def. 29. **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 among comparable providers, taking into account the nature of the illness / injury involved.
- Def. 30. **Schedule** means the schedule issued by Us, and, if more than one, then the latest in time.
- Def. 31. **Sum Insured** means the sum shown in the Schedule for a Primary Insured which represents Our maximum total and cumulative liability for any and all claims made by that Primary Insured and his Dependants under the Policy during the Policy Period.
- Def. 32. **Surgical Operation** 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 Doctor.
- Def. 33. **We/Our/Us** means Max Bupa Health Insurance Company Limited
- Def. 34. **You/Your/Policyholder** means the person named in the Schedule 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.

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## Annexure I

## List of Covered Vaccinations

Time interval	Vaccination to be done (age)	Frequency
<b>Vaccination for first year</b>		
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

All the above vaccinations are as per WHO recommendations.

## Annexure II

## List of Insurance Ombudsmen

Office of the Ombudsman	Name of the Ombudsmen	Contact Details	Areas of Jurisdiction
AHMEDABAD	Shri Amitabh	Shri Amitabh, Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, Ashram Road, AHMEDABAD-380 014. Tel.:- 079-27546840 Fax : 079-27546142 Email ins.omb@rediffmail.com	Gujarat , UT of Dadra & Nagar Haveli, Daman and Diu
BHOPAL	Shri N.A.Khan	Shri N.A. Khan, Insurance Ombudsman, Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL (M.P.)-462 023. Tel.:- 0755-2569201 Fax : 0755-2769203 Email bimalokpalbhopal@airtelmail.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Shri S.K.Dhal	Shri S.K. Dhal, Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009. Tel.:- 0674-2596455 Fax : 0674-2596429 Email ioobbsr@dataone.in	Orissa
CHANDIGARH	Shri K.M.Chadha	Insurance Ombudsman, Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor, Batra Building. Sector 17-D, CHANDIGARH-160 017. Tel.:- 0172-2706468 Fax : 0172-2708274 Email ombchd@yahoo.co.in	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir , UT of Chandigarh
CHENNAI	Shri V. Ramasaamy	Shri V. Ramasaamy, Insurance Ombudsman, Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI-600 018. Tel.:- 044-24333668 /5284 Fax : 044-24333664 Email insombud@md4.vsnl.net.in	Tamil Nadu, UT– Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
NEW DELHI		Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI-110 002. Tel.:- 011-23239633 Fax : 011-23230858 Email iobdelraj@rediffmail.com	Delhi & Rajasthan
GUWAHATI	Shri Sarat	Shri Sarat Chandra Sarma.	Assam .

	Chandra Sarma	Insurance Ombudsman, Office of the Insurance Ombudsman, "Jeevan Nivesh", 5th Floor, Near Panbazar Overbridge, S.S. Road, GUWAHATI-781 001 (ASSAM). Tel.:- 0361-2132204/5 Fax : 0361-2732937 Email ombudsmanghy@rediffmail.com	Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Shri K. Chandrabhas	Shri K Chandrabhas Insurance Ombudsman, Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD-500 004. Tel : 040-65504123 Fax: 040-23376599 Email insombudhyd@gmail.com	Andhra Pradesh, Karnataka and UT of Yanam – a part of the UT of Pondicherry
ERNAKULAM	Shri James Muricken	Shri James J. Muricken, Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, ERNAKULAM-682 015. Tel : 0484-2358759 Fax : 0484-2359336 Email iokochi@asianetindia.com	Kerala , UT of (a) Lakshadweep , (b) Mahe – a part of UT of Pondicherry
KOLKATA		Insurance Ombudsman, Office of the Insurance Ombudsman, North British Bldg., 29, N.S. Road, 4th Floor, KOLKATA-700 001. Tel : 033-22134866 Fax : 033-22134868 Email iombsbpa@bsnl.in	West Bengal , Bihar , Jharkhand and UT of Andaman & Nicobar Islands , Sikkim
LUCKNOW	Shri M.S.Pratap	Shri M.S. Pratap, Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road, Hazaratganj, LUCKNOW-226 001. Tel : 0522 -2231331 Fax : 0522-2231310 Email insombudsman@rediffmail.com	Uttar Pradesh and Uttaranchal
MUMBAI	Shri S. Viswanathan	Shri S Viswanathan Insurance Ombudsman, Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), MUMBAI-400 054. Tel : 022-26106928 Fax : 022-26106052 Email ombudsmanmumbai@gmail.com	Maharashtra , Goa