A Max India Joint Venture

Max Bupa Health Insurance

Heartbeat Health Insurance Plan

Terms & Conditions

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 state of health, or of any other changes affecting You or any Insured Person.

2. Benefits

The Policy covers reasonable expenses 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:

2.1. Inpatient Care

We will cover Medical Expenses for:

(a) Medical Practitioner's 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 Procedure.
(g) 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 where such treatments are undertaken by an Insured Person for Inpatient Care in a Hospital/Day Care Center for a continuous period of less than 24 hours.

We will also cover the Medical Expenses for Chemotherapy, Radiotherapy, Hemodialysis or any other procedure which requires a period of specialized observation or care after completion of the procedure where such procedure is undertaken by an Insured Person for Inpatient Care 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 Hospitalisation

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. Maternity Benefits

1A. 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 for You or Your spouse provided You and Your spouse, both are covered under the same Policy.

(c) We must have received at least 3 continuous annual premiums from You since the date of commencement of the first Policy Period and cover will be available under Maternity Benefit only after 24 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;

1B. 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 three adult Insured Persons including at least one male Insured Person;

(c) We must have received at least 3 continuous annual premiums for the Insured Person claiming the benefit under section 2.7, since the date of commencement of the first Policy Period and cover will be available under Maternity Benefit only after 24 months of continuous coverage have elapsed since the inception of the first Policy with Us;

(d) Our maximum liability for the Maternity Benefits under the Policy for the Policy Period for all the Insured Person will be subject to the specified sub-limit as shown in the Product Benefits Table

2. We will cover Medical Expenses related to a Medically Necessary termination of pregnancy subject to the conditions mentioned in 2.7 above.

3. The benefit under Sections 2.7 (1A), 2.7 (1B) and 2.7(2) above may be claimed only twice during the lifetime of the Policy including any Renewal thereof.

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 Inpatient Care.

2.8 New Born Baby

If We have accepted a Maternity Benefits claim under 2.7 above, then We will:

a Cover Medical Expenses towards the medical treatment of the Insured Person's New Born Baby while the Insured Person is Hospitalized as an Inpatient for delivery.

b Cover the New Born Baby as an Insured Person until the expiry date of the Policy without the payment of any additional premium.

c Cover the Reasonable and Customary Charges for vaccination of the New Born Baby for the vaccinations shown in Annexure I to this Policy 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 New Born Baby completes one year, and only if We have accepted the New Born Baby as an Insured Person at the time of Renewal and You have paid the premium accordingly.

2.9 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.

2.10 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;

2.11 Health Relationship Loyalty Program

If the Policy is renewed with Us without any break, each Insured Person will become eligible to participate in the Health Relationship Loyalty Program announced by Us from time to time. Under this program:

a. If the Policy Period is one year, We offer vouchers, in either electronic or physical form, worth up to 10% of the last premium received for availing certain specified services and products.

b. If the Policy Period is two years, We offer vouchers, in either electronic or physical form, worth up to 5% of the last premium received on the commencement of each Policy Year commencing from the second Policy Year.

The Insured Person may avail of the services and products specified within the period specified in or along with the voucher, provided that:

a. The vouchers are used for only those health services and benefits communicated from time to time;

b. The conditions or limitations specified in the vouchers are adhered to; and

c. The Policy is continuously Renewed.

2.12 Health Checkup

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.

2.13 Consultation and Diagnostic Tests (For Platinum Policyholders only)

We will cover an Insured Person's Reasonable and Customary Charges for Medically Necessary consultation with a Medical Practitioner, as an OPD Treatment to assess the Insured Person's health condition for any Illness. We will also pay for any Diagnostic Tests prescribed by the Medical Practitioner upto the sub-limits shown in the Product Benefits Table.

If the Policy is renewed with Us without any break and there is a unutilized amount (not used by the Insured Person) under the applicable sub-limit (as specified in the Products Benefits Table) in a Policy Year, then We will carry forward 80% of this unutilized amount to the immediately succeeding Policy Year, provided that the total amount (including the unutilized amount available under this benefit) shall at no time exceed 2.5 times the amount of the entitlement in respect of this benefit under the plan applicable to the Insured Person per the Product Benefits Table.

2.14 Child Care Benefits (For Platinum Policyholders only)

We will cover Reasonable and Customary Charges for the vaccinations shown in Annexure I to this Policy for children who are included as Insured Persons until they have completed 12 years of age. We will also cover expenses towards one consultation for nutrition and growth provided to the child during a visit for vaccination.

2.15 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. Co-payment
If any Insured Person is 65 years of age or over on the date of commencement of the current Policy Year, then it is agreed that We will only pay 80% of any amount We assess for payment or reimbursement in respect of any claim 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 Diseases
Benefits will not be available for Pre-existing Diseases until 48 months of continuous coverage have elapsed since the inception of the first Policy with Us.

b. 90 Days Waiting Period
We will not cover any treatment taken during the first 90 days since the date of commencement of the Policy, 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 who are above 60 years of age as on the date of commencement of the first Policy Period the conditions listed below will be subject to a waiting period of 24 months and will be covered in the third Policy Year as long as the Insured Person has been insured continuously under the Policy without any break:

1. Stones in the urinary system (eg kidney/bladder)
2. Stones in billiary system (eg gall stones)
3. Cataract
4. BPH - Benign prostatic hypertrophy
5. Mennoraghia, Fibromyoma, Uterine prolapse including any condition requiring Hysterectomy.
6. Piles (Haemorrhoids)
7. Hernia (Inguinal/umbilical and gastric)
8. Degenerative disorders of knee/hip
9. Chronic renal failure or end stage renal failure
10. Retinopathy
11. Diabetes and related treatments

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 permanent 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.

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 Treatment.

viii. Cosmetic surgery

Treatment undergone purely for cosmetic or psychological reasons to improve appearance, unless such treatment is Medically Necessary as a part of treatment for cancer or injury resulting from Accidents or burns and is required 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 and which is undertaken for Inpatient Care in a Hospital and carried out by a Medical Practitioner 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 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 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 or treatment 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 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.
8. Nurses hired in addition to the Hospital's own staff.

xvii. Alternative Treatment

Any Alternative 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, 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.

xx. OPD Treatment

OPD treatment is not covered except those OPD Treatments explicitly stated as an eligible benefit for Your chosen plan.

xxi. Reproductive medicine - Birth control & Assisted reproduction

1. Any type of contraception, sterilization, termination of pregnancy (except as provided for under Section 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.

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

xxxi. Genetic disorders

Any genetic disorders resulting from a defect in the genes.

xxxii. Any costs or expenses specified in the List of Expenses Generally Excluded at Annexure III.

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 endorsements 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, whereafter We shall pay the balance amount to You.

d. 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 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.

e. 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.

f. 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.

g. 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.

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

ii. From Our existing health insurance policies to this Policy

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

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

(2) This benefit is available only at the time of renewal of 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.

h. Cancellation/ Termination (other than Free Look cancellation)

1. Cancellation by You.

You 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 made under the Policy by or on behalf of any Insured Person:

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

2. Automatic Cancellation:

a. Individual Policy:

The Policy shall automatically terminate in the event of death of the Insured Person.

b. For 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 5(h)(1) above shall be payable if there is an automatic cancellation of the

Policy provided that no claim has been made under the Policy by or on behalf of any Insured Person.

3. Cancellation by Us:

Without prejudice to the above, We may terminate this Policy during the Policy Period by sending 30 days prior written notice to Your address shown in the Schedule of Insurance Certificate without refund of premium if in Our opinion:

i. You or any Insured Person or any person acting on behalf of either has acted in a dishonest or fraudulent manner under or in relation to this Policy; and/or

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

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

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

i. Territorial Jurisdiction

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

j. 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.

k. 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 shall allow the enhancement in Sum Inured or scope of cover only at the time of Renewal, provided You submit a written request to Us at the time of Renewal. You understand and agree that the decision of acceptance of enhancement of the Sum Insured or the scope of cover will solely be based on Our discretion, Our underwriting policy and shall be subject to payment of applicable premium by You for such enhanced cover. 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.

l. Notices

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

i. You/the 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-110 044
Fax No.: 1800-3070-3333

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

m. 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-authorisation 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 at an 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.

(iii) For the purposes of Section 2, it is understood and agreed that if a Hospital room as per the rent limit 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 that is actually occupied or as per entitlement permitted by the plan opted for, whichever is lower. Further where Medical Expenses are linked with room rates, 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 payable.

(d) All claims are to be notified to Us within a timeline as per Sections 5(m)(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 claim. In the case of delay in payment, We shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it.

(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.

n. Withdrawal of Product

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

o. Revision or Modification

This product may be revised or modified subject to prior approval of the IRDA. In such case We shall notify You of any such change at least 3 months prior to the date from which such revision or modification shall come into effect, provided it is not otherwise provided by the IRDA.

p. 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.

q. Change of Policy holder

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 premium has not been received.

If the new proposed Policyholder does not fulfill the relationship conditions specified in the definition of 'Family' as stated in the definition of Family First Policy, any other adult Insured Person may apply to renew the Policy in accordance with the aforesaid provision and the Policy will continue as a Family First Policy provided that Our underwriting criteria for Family First Policies is satisfied,

In such cases, for the purposes of the Policy the relationship between the Insured Persons and the Policyholder shall be governed in relation to the original Policyholder, notwithstanding the change in policyholder and the addition of any proposed Insured Persons under the Policy will also be subject to these proposed Insured Persons satisfying the relationship requirements with the original Policyholder as specified in the definition of Family First Policy.

r. Nomination & Assignment

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.

No assignment of this Policy or the benefits thereunder shall be permitted.

s. Obligations in case of a minor

If an Insured Person is less than 18 years of age, 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.

t. Customer Service and Grievances Reddressal:

i. In case of any query or complaint/grievance, You/the 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-110 044
Contact No: 1800-3010-3333
Fax No.: 1800-3070-3333
Email ID: customercare@maxbupa.com

ii. In case You/the Insured Person are not satisfied with the decision of the above office, or have not received any response within 10 days, You 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-110 044
Contact No: 1800-3010-3333
Fax No.: 1800-3070-3333
Email ID: customercare@maxbupa.com

iii. In case You/the Insured Person are not satisfied with Our decision/resolution, You 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 visible and violent means.

Def. 2. **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. 3. **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. 4. **Condition Precedent** shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

Def. 5. **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: Congenital Anomaly which is not in the visible and accessible parts of the body.

ii) External Congenital Anomaly: Congenital Anomaly which is in the visible and accessible parts of the body.

Def. 6. **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 rateable proportion of Sum Insured. This clause shall not apply to any benefit offered on fixed benefit basis.

Def. 7. **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. 8. **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. 9. **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. 10. **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. 11. **Dental Treatment** is treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/implants.

Def. 12. **Diagnostic Tests**: Investigations, such as X-Ray or blood tests, to find the cause of your symptoms and medical condition.

Def. 13. **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. 14. **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. 15. **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. 16. **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. 17. **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 four 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 two of their children who are less than 21 years on the date of commencement of the initial cover under the Policy

Def. 18. **Family First Policy** means a Policy in terms of which, two or more persons of Your family are named in the Schedule of Insurance Certificate as Insured Persons. In a Family First Policy, Family means You and the persons listed below 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. Father;
f. Mother;
g. Father-in-law as long as Your spouse continues to be married to You;
h. Mother-in-law as long as Your spouse continues to be married to You;
i. Grandfather;
j. Grandmother;

k. Grandson;
l. Granddaughter.

Def. 19. **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. 20. **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, 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)

b) has Qualified Nursing staff under its employment round the clock;

has at least 10 inpatient beds, in those towns having a population of less than 10,00,000 and at least 15 inpatient beds in all other places;

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. 21. **Hospitalization** or **Hospitalized** 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. 22. **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. 23. **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. 24. **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. 25. **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-** is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his/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, illnesss, 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. 26. **Inpatient means** the Insured Person's admission to for treatment in a Hospital for more than 24 hours for a covered event.

Def. 27. **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. 28. **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. 29. **Maternity Expenses:** Maternity expense 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. 30. **Medical Advise:** Any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.

Def. 31. **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. 32. **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 license.

Def. 33. **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. 34. **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.

New Born Baby means baby born during the Policy Period and is aged between 1day and 90 days, both days inclusive.

Def. 35. **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. 36. **Non Network** means any Hospital, Day Care Centre or other provider that is not part of the Network.

Def. 37. **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 InPatient.

Def. 38. **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. 39. **Policy Period** means the period between the date of commencement and the expiry date specified shown in the Schedule of Insurance Certificate.

Def. 40. **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. 41. **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. 42. **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 Inpatient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

Def. 43. **Post-hospitalization Medical Expenses**

Medical Expenses incurred immediately after 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 Inpatient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

Def. 44. **Portability** means transfer by an individual health insurance policy holder (including family cover) of the credit gained for pre-existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another.

Def. 45. **Product Benefits Table** means the Product Benefits Table issued by Us and accompanying this Policy and annexures thereto.

Def. 46. **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. 47. **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. 48. **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. 49. **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. 50. **Schedule of Insurance Certificate** means the schedule of insurance certificate issued by Us, and, if more than one, then the latest in time.

Def. 51. **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. 52. **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. 53. **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. 54. **Unproven/Experimental treatment:** treatment, including drug experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.

Def. 55. **We/Our/Us** means Max Bupa Health Insurance Company Limited

Def. 56. **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.

Annexure - I

List of Covered Vaccinations

Time interval	Vaccination to be done (age)	Frequency
Vaccination for first		
0 - 3 months	BCG (From birth to 2 weeks)	1
	OPV (0,6,10 weeks) OR OPV + IPV1	3 OR 4
	DPT (6 and 10 week)	2
	Hepatitis - B (0 and 6 week)	2
	Hib (6 and 10 week)	2
3 - 6 months	OPV (14 week) OR OPV + IPV 2	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
Vaccination for Year		
1 -2 years	OPV (15 and 18 months) OR OPV +	1 OR 2
	DPT (15 – 18 months)	1
	Hib (15 – 18 months)	1
	MMR (15 – 18 months)	1
	Meningococcal vaccine (24 months)	1
2 – 3 years	Typhoid (+2 years)	1
At 10 years	TT	1

All the above vaccinations are as per WHO recommendations.

A Max India Joint Venture

Max Bupa Health Insurance

Annexure II

List of Insurance Ombudsmen

Office of the Ombudsman	Name of the Ombudsman	Contact Details	Areas of Jurisdiction
AHMEDABAD	Shri P. Ramamoorthy	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		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 B. P. Parija	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 Manik Sonawane	Shri Manik Sonawane 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		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 chennaiinsuranceombudsman@gmail.com	Tamil Nadu, UT–Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
NEW DELHI	Shri Surendra Pal Singh	Shri Surendra Pal Singh 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	Delhi & Rajasthan

		Email iobdelraj@rediffmail.com	
GUWAHATI	Shri D. C. Choudhury	Shri D.C. Choudhury, 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	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD		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
KOCHI	Shri R. Jyothindranathan	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	Ms. Manika Datta	Ms. Manika Datta Insurance Ombudsman, Office of the Insurance Ombudsman, 4th Floor, Hindusthan Bldg. Annexe, 4, C.R.Avenue, **Kolkatta – 700 072.** Tel: 033 22124346/(40) Fax: 033 22124341 Email:iombsbpa@bsnl.in	West Bengal , Bihar , Jharkhand and UT of Andeman & Nicobar Islands , Sikkim
LUCKNOW	Shri G. B. Pande	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		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

OFFICE OF THE GOVERNING BODY OF INSURANCE COUNCIL

Shri M.V.V. Chalam, Secretary General
3rd Floor, Jeevan Seva Annexe,
S.V. Road, Santacruz(W),

The Secretary
3rd Floor, Jeevan Seva Annexe,
S.V. Road, Santacruz (W),

A Max India Joint Venture

Max Bupa Health Insurance

MUMBAI – 400 021
Tel:022-26106245
Fax : 022-26106949
Email- inscoun@gmail.com
Web: http://www.gbic.co.in/

MUMBAI – 400 021.
Tel : 022-26106980
Fax : 022-26106949

Annexure III

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, STERLILE 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 patien t 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 cha rged by hospitals,consumables can not be separate ly 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 - P art 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 cha rges 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	SP0 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 su rg e ry of lumbar spine.
151	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU p atien t requiring more th an 3 days in ICU, all patients with paraplegia /quadripiegia for any reason and at rea sonable cost of ap proxim ate ly 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 hern ia repair, exploratory laparotomy for intestinal liver transplant etc.obstruction,
ITEMS PA YABLE IF SUPPORTED BY A PRESCRIPTION		
156	BETADINE \ HYDROGEN PEROXIDE\SPIRIT\DISINFECTANTS ETC	May be payable when pre sc rib ed for patien t, 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 CHARGESDIET CHARGES	Patien t Diet provided by hospital is payable
159	SUGAR FREE Tablets	Payable -Sugar free variants of admissable medicines are not excluded
160	CREAMS POWDERS LOTIONS (Toileteries 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 o r ICU. For longer stay in ICU, may req u ire 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 Preop e ra tiv e 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 PA YA BLE		
173	AHD	Not Payable - Part of Hospita l's internal Cost
174	ALCOHOL SWABES	Not Payable - Part of Hospita l's internal Cost
175	SCRUB SOLUTION/STERILLIUM	Not Payable - Part of Hospita l'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 w here 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 trac tion as this is generally not reused
189	REFERAL DOCTOR'S FEES	Not Payable
190	ACCU CHECK (Glucometery/ Strips)	Not payable prehospitilasation o r 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 o f 3 in 48 hrs an d then 1 in 24 hrs
197	URINE BAG P	Payable where medicaly 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.