Max Bupa Health Insurance Company Limited
Corporate Office: D-1, 2nd Floor, Salcon Ras Vilas, District Centre, Saket, New Delhi - 110 017.
Registered Office: Max House, 1, Dr. Jha Marg, Okhla, New Delhi - 110 020.
www.maxbupa.com

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Insurance is the subject matter of solicitation

HB/TC/0910/V.2.0

A Max India Joint Venture

Heartbeat Health Insurance Policy Document

Policy Document

1. Terms and 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) the information You provided to Us (including by way of the Proposal or Information Summary Sheet) on Your behalf and on behalf of all persons to be insured. Please inform Us immediately of any change in the address, occupation, 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:

2.1. In-patient Treatment

We will cover Medical Expenses for:

a. Doctors' fees
b. Diagnostics procedures
c. Medicines, drugs and consumables
d. Intravenous fluids, blood transfusion and 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-hospitalisation 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 1 above. Pre-hospitalisation expenses can be claimed as reimbursement only.

2.4. Post-hospitalisation 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 1 above.
Post-hospitalisation 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 as an in-patient in a Hospital 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

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 hospitalisation as long as either (i) the attending Doctor confirms that the Insured Person could not be transferred to a Hospital or (ii) You satisfy Us that a Hospital bed was unavailable.

2.7. Maternity Benefits

1(A) For Family Floater Policy only

We will cover Medical Expenses for the delivery of a child 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.
e. We will cover Pre or Post-hospitalisation Medical Expenses only where Sum Insured is more than Rs.10 lacs.

1(B) For Family First Policy only

We will cover Medical Expenses for the delivery of a child 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 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; and
(e) We will not cover any Pre or Post Hospitalization Medical Expenses for claims under section 2.7.

2. We will cover Medical Expenses related to a Medically Necessary termination of pregnancy subject to the conditions mentioned in 2.7 (1) above.
3. The benefit under section 2.7 (1) (A), 2.7 (1) (B) 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 in-patient benefit.

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 Hospitalised as an in-patient 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 vaccination expenses 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 baby completes one year, and only if We have accepted the 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-hospitalisation or post-hospitalisation 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 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 an ambulance service provider.
b. We have accepted an In-patient Hospitalisation claim under the provisions of 2.1 above.

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

2.11 Health Relationship Loyalty Programme

If the Policy is renewed with Us without any break, You become eligibile for Health Relationship Loyalty Programme announced by Us from time to time. Under this programme, We offer vouchers, in either electronic or physical form, worth up to 10% of your renewal premium (10% of the last paid premium only in case of a Family First Policy) for availing certain health services and products. You or any Insured Person may avail of such services and products within next 3 Policy Years if all of the following requirements are met:

a. The vouchers are used for health services and benefits communicated from time to time.
b. The conditions or limitations specified in the vouchers are adhered to.
c. The vouchers are used (and will only be valid) at empanelled service provider(s).
d. The Policy is continuously renewed.

2.12 Health Check up

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

2.13 Specialist Consultation and Diagnostic Tests (For Platinum Policy holders only)

We will cover an Insured Person's Reasonable and Customary consultation expenses of Medically Necessary consultation with a Specialist, as an out-patient to assess the Insured Person's health condition for any Illness. We will also pay for any diagnostic tests prescribed by the Specialist up to the sub-limits shown in the Product Benefits Table.

If the Policy is renewed with Us without any break and there is an unutilized amount (not used by the Insured Person) under the applicable sub-limit in a Policy Year, then We will carry forward 80% of this unutilized amount to the next 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 You opted for as per the Product Benefits Table.

2.14. Child Care Benefits
(For Platinum Policy holders only)

We will cover Reasonable and Customary expenses 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

These provisions are 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 for that Insured Person. Our maximum liability for 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 for that Insured Person.

Floater Cover

Within the Sum Insured, there is a floater insurance cover up to the amount specified in the Schedule. 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.

3. Co-pay

If any Insured Person is 65 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 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 elapsed since the inception of the first Policy with Us.

b. 90-day 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 (e.g. kidney/bladder)
2. Stones in billiary system (e.g. 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 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.

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:

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 tempromandibular joint.

EXCEPTION: However 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-hospitalisation 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, or 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-Hospitalisation or Post-Hospitalisation.
3. Non-prescribed drugs and medical supplies.
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 hospitalisation/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 except those out-patient benefits explicitly stated as an eligible benefit for Your chosen plan.

xxi. Reproductive medicine - birth control and 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 recognised 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 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.

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, whereafter We shall pay the balance amount to You.

d. Contribution

If the 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.

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 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 have the option of cancelling the Policy stating the reasons for cancellation and You shall be refunded the premium paid by You after adjusting the amounts spent on any medical check-up, stamp duty charges and proportionate risk premium. You can cancel your Policy only if You have not made any claims under the Policy. All Your rights 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. Cancellation/ Termination (other than free look cancellation)

1. Cancellation by Insured Person:

The Insured Person 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 filed 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 case of death of the Policy holder.

b. For Family Floater and Family First Policies:

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

c. Refund:

Refund as per table in section 5(g)(1) above shall be payable in case of an automatic cancellation of the Policy provided that no claim has been filed under the Policy.

3. Cancellation by Us:

Without prejudice to above, 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 and fraudulent manner under or in relation to this Policy; and/or

ii. Continuance of the Policy poses a moral hazard.

h. Territorial Jurisdiction

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

i. 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.

j. Renewal of Policy

The renewal premium is payable on the due date in the amount shown in the Schedule or at such altered rate as may be reviewed and notified by Us. 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.

k. Notices

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

i. 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 telecommunication means with respect to Your Policy from time to time.

l. Claims Procedure

(a). Cashless Hospitalisation 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 Hospitalisation. In an emergency the Insured Person should notify Us in writing within 48 hours of Hospitalisation; and
2. We have pre-authorised the in-patient or day care procedure.

(ii) Cashless treatment will not be available if You take treatment in an Out Of Network Hospital.

(iii) For cashless Hospitalisation 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-authorisation date and pre-authorization is only valid if all the details of the authorised 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). Out of Network Hospitals and All Other Claims for Reimbursement:

(i) We should be notified in writing with 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 or procedure being taken and We must have pre-authorised such treatment, consultation, service or procedure. In an emergency the Insured Person should notify Us in writing within 48 hours of Hospitalisation.

(ii) For any illness or Accident or medical condition that requires Hospitalisation, 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 the Hospital (when the claim is only in respect of post-hospitalisation within 30 days of the completion of the post-hospitalisation):

1. Duly filled claim form(s).
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 hospitalisation 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.

(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 Hospitalisation a 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 benefit 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.

(d). 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.

m. 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.

n. Change of Policy holder

If You do not renew the Policy, any other adult Insured Person may apply to renew the Policy within 7 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. 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.

o. Nominee

You 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 a 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.

p. Customer Service and Grievances Reddressal:

(i). In case of any query or complaint/grievance, You 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 - 110017.
Phone No: 1800-3010-3333

Fax No.: 1800-3070-3333

email ID: customercare@maxbupa.com

(ii). In case You 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,
D-1, 2nd Floor, Salcon Ras Vilas,
District Centre, Saket,
New Delhi - 110 017.
Phone No : 1800-3010-3333

Fax No.: 1800-3070-3333

email ID: customercare@maxbupa.com

(iii). In case You 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 and 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. 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. 3. Co-pay is a cost-sharing requirement under a health insurance policy that provides that the insured will bear a specified percentage of the admissible costs. A co-pay does not reduce the Sum Insured.

Def. 4. 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 hospitalisation of more than 24 hours.

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

Def. 5. Dependents means those of Your family members as listed below:

i) Legally married spouse as long as he /she continues to be married to You;

ii) Unmarried children aged less than 21 years, who are financially dependant on You and do not have their own independent households.

Def. 6. Diagnostic tests: Investigations, such as X-ray or blood tests, to find the cause of your symptoms and medical condition.

Def. 7. Domiciliary Treatment: Domiciliary treatment means medical treatment for a period exceeding 3 days, for an llness/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 moved to a Hospital, or the patient takes treatment at home on account of non availability of room in a Hospital.

Def. 8. 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. 9. 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. 10 *(i)* Family First Policy means a Policy in terms of which, two or more persons of Your Family are named in the Schedule 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; i). Granddaughter.

(ii) Family Floater Policy means a policy in terms of which You and Your Dependents named in the Schedule are insured as at the date of commencement.

Def. 11. 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 conditions. Coverage is not available for the period for which no premium is received.

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 In-patient beds, in those towns having a population of less than 10,00,000 and 15 In-patient 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 the Insurance company's authorised personnel.

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

Def. 14. 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. 15. 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. 16. 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. 17. In-patient Treatment for which the Insured Person has to stay in a hospital for more than 24 hours for a covered event.

Def. 18. Insured Person means person named as insured in the Schedule.

Def. 19. Medical Expenses means expenses necessaily 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. 20. 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 Doctor;

d) must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

Def. 21. Network means all such Hospitals, day care centres or other providers that the We have mutually agreed with, to provide services like cashless access to Policyholders. The list is available with Us and subject to amendment from time to time.

Def. 22. Out-Of-Network means any Hospital, day care centre or other provider that is not part of the Network.

Def. 23. Out-patient Treatment means treatment given at a hospital, doctors' consulting room, office or out-patient clinic where You are not admitted for Day Care Procedures or In-patient treatment.

Def. 24. Policy means these terms and conditions, any annexure thereto and the schedule (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. 25. Policy Period means the period between the date of commencement and the Expiry Date specified in the Schedule.

Def. 26. 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. 27. Product Benefits Table means the Product Benefits Table issued by Us and accompanying this Policy and annexures thereto.

Def. 28. 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. 29. Rehabilitation: Treatment aimed at restoring health or mobility, or to allow a person to live an independent life, such as after a stroke.

Def. 30. 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. 31. Schedule means the schedule issued by Us, and, if more than one, then the latest in time.

Def. 32. Specialist Doctor means a Doctor who is registered and licensed by a state council, governed by the Medical Council of India, and having specialised qualification in the field of, or expertise in, the treatment of the illness or injury being treated but does not include a general practitioner.

Def. 33. 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. 34. 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. 35. We/Our/Us means Max Bupa Health Insurance Company Limited

Def. 36. 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.

Heartbeat - Product Benefit Table

	Individual/Family Floater								Family First	
	Silver Policy		Gold Policy			Platinum Policy			Silver	Gold
Overall Sum Insured (rupees)	2 Lacs	3 Lacs	5 Lacs	7.5 Lacs	10 Lacs	15 Lacs	20 Lacs	50 Lacs	Individual Cover: 1Lac, 2Lacs, 3Lacs, 4Lacs and 5Lacs per Insured Person Floater Cover: 3Lacs, 4Lacs, 5Lacs, 10Lacs and 15Lacs.	
In-patient treatment										
Surgical operations, including pre and post-operative care Nursing care, drugs and surgical dressings Doctors' fees Operation theatre charges and intensive care Pathology, x-rays, diagnostic tests and therapies Prosthetic implants	Covered up to Sum Insured		Covered up to Sum Insured			Covered up to Sum Insured			Covered up to Sum Insured	Covered up to Sum Insured
Hospital accommodation	Shared room		Single Private Room			Single Private Room (upgrade to next level, subject to availability)			Shared room	Single Private Room
Pre and post hospitalisation expenses including doctor's consultation, diagnostic tests, medicines, drugs and consumables	Covered up to 15% of Sum Insured		Covered up to 20% of Sum Insured			Covered up to 20% of Sum Insured			Covered up to 15% of Sum Insured	Covered up to 20% of Sum Insured
All day care procedures	Covered up to Sum Insured		Covered up to Sum Insured			Covered up to Sum Insured			Covered up to Sum Insured	Covered up to Sum Insured
Child care benefits										
Maternity cover for up to 2 deliveries	Covered up to Rs.20,000	Covered up to Rs.30,000	Covered up to Rs.40,000	Covered up to Rs.45,000	Covered up to Rs.50,000	Covered up to Rs.60,000	Covered up to Rs.75,000	Covered up to Rs.1,00,000	Covered up to Rs.25,000 per Policy Year	Covered up to Rs.50,000 per Policy Year
New born baby cover	Covered up to Sum Insured		Covered up to Sum Insured			Covered up to Sum Insured			Covered up to Sum Insured	Covered up to Sum Insured
Vaccinations for children up to 12 years and nutrition and diet consulting	Not Covered		Not Covered			Covered up to Sum Insured			Not Covered	Not Covered
Further benefits										
Health check up at time of renewal	Once in two years, tests as per annexure		Annual, tests as per annexure			Annual, tests as per annexure			Once in two years, tests as per annexure	Annual, tests as per annexure
Organ transplant when medically necessary	Covered up to Sum Insured		Covered up to Sum Insured			Covered up to Sum Insured			Covered up to Sum Insured	Covered up to Sum Insured
Emergency ambulance*	Covered at actual cost in network hospitals up to Sum Insured		Covered at actual cost in network hospitals up to Sum Insured			Covered at actual cost in network hospitals up to Sum Insured			Covered at actual cost in network hospitals up to Sum Insured	Covered at actual cost in network hospitals up to Sum Insured
Domiciliary treatment	Covered up to Rs.10,000	Covered up to Rs.15,000	Covered up to Rs.25,000	Covered up to Rs.37,500	Covered up to Rs.50,000	Covered up to Rs 75,000	Covered up to Rs 1,00,000	Covered up to Rs 2,50,000	Covered up to Rs.15,000	Covered up to Rs.37,500
Out-patient benefits										
Out-patient benefits covering specialist consultation and costs of diagnostics tests prescribed by them	Not Covered		Not Covered			Covered up to Rs 10,000	Covered up to Rs.15,000	Covered up to Rs.20,000	Not Covered	Not Covered
Health relationship programme										
Cumulative benefit every year on renewal	Up to 10% of renewal premium		Up to 10% of renewal premium			Up to 10% of renewal premium			10% of the last paid premium	10% of the last paid premium

Notes:
- Co-pay of 20% of reasonable and customary charges for claims of persons above 65 years of age. (Please refer to Clause 3 of Part II of the Policy Document)
* Emergency Ambulance - Maximum of Rs.2000/-per event for out-of-network.

Health check-up tests on Policy renewal

Silver	Gold	Platinum
	Age band <35 years	
Complete Blood Count and ESR Tests	Complete Blood Count and ESR Tests	Complete Blood Count and ESR Tests
Urine Routine Analysis	Urine Routine Analysis	Urine Routine Analysis
Pre and Post Fasting Blood Sugar Test	Pre and Post Fasting Blood Sugar Test	Pre and Post Fasting Blood Sugar Test
	Age band 36-50 years	
Complete Blood Count and ESR Tests	Complete Blood Count and ESR Tests	Complete Blood Count and ESR Tests
Urine Routine Analysis	Urine Routine Analysis	Urine Routine Analysis
Pre and Post Fasting Blood Sugar Test	Pre and Post Fasting Blood Sugar Test	Pre and Post Fasting Blood Sugar Test
Serum Cholesterol and Triglycerides	Chest X-Ray	Chest X-Ray
ECG	ECG	ECG
	Blood test for blood sugar levels status in past 90 days	Blood test for blood sugar levels status in past 90 days
	Serum Cholesterol and Triglycerides	Serum Cholesterol and Triglycerides
		Kidney Function Test
		PSA (males only)
		Prostate Exams (males only)
		Mammography (females only)
		Cervical Smear (females only)
	Age band > 50 years	
Complete Blood Count and ESR Tests	Complete Blood Count and ESR Tests	Complete Blood Count and ESR Tests
Urine Routine Analysis	Urine Routine Analysis	Urine Routine Analysis
Pre and Post Fasting Blood Sugar Test	Pre and Post Fasting Blood Sugar Test	Pre and Post Fasting Blood Sugar Test
Lipid Profile	Chest X-Ray	Chest X-Ray
ECG	ECG	ECG
	Blood test for average plasma sugar concentration in past 90 days	Blood test for average plasma sugar concentration in past 90 days
	Serum Cholesterol and Triglycerides	Serum Cholesterol and Triglycerides
	Liver Function Test	Liver Function Test
	Kidney Function Test	Kidney Function Test
		Hepatitis B surface Antigen
		Tread Mill Test or Stress Test
		Abdominal Ultrasound
		Prostate Exams (males only)
		Mammography (females only)

Annexure - I

List of Covered Vaccinations

Time interval	Vaccination to be done (age)	Frequency
Vaccination for first Year		
0-3 months	BCG (From birth to 2 weeks)	1
	OPV (0,6,10 weeks) OR OPV + IPV1 (6,10 weeks)	3 OR 4
	DPT (6 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 + 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
Vaccinations for Year 1 to 12		
1-2 years	OPV (15 and18 months) OR OPV + IPV3	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.

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 and 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 Ombuds man, 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 and Rajashthan
GUWAHATI	Shri Sarat Chandra Sarma	Shri Sarat 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	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDRABAD	Shri K Chandrahas,	Shri K Chandrahas, Insurance Ombudsman, Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, A.C. Guards, Ladki-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 Mahe - a part of UT of Pondicherry	Shri James Muricken	Shri James J. Muricken 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 , Insurance Ombudsman, (b) Office of the Insurance
		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: ombudsmanmumbai@gmail.com	West Bengal, Bihar,Jharkhand and UT of Andeman & Nicobar Island, Sikkim
KOLKATA	Shri M.S.Pratap	Shri M.S.Pratap Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Bhavan, Phase-2 6th Floor, Nawal Kishor Road Hazaratganj, LUCKNOW -226001. Tel: 05220-2231331 Fax: 0522-2231310 Email: iombsbpa@bsnl.in	Utter Pradesh and Uttarranchal
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 -400054 Tel: 022-26106928 Fax: 022-26106052 Email: ombudsmanmumbai@gmail.com	Maharashtra, Goa

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