

Customer Information Sheet

Sl. No.	Title	Description	Policy Clause Number
1	Product Name	Health Premia	
2	What am I covered for	<p>Base Coverage:</p> <ul style="list-style-type: none"> • Hospital admission longer than 24 hrs • Related medical expenses up to Sum Insured incurred up to 90 days prior to hospitalization • Related medical expenses incurred up to Sum Insured within 180 days from date of discharge • All procedures requiring less than 24 hours hospitalization, list of day care procedures per Annexure III of Policy Document • Domiciliary hospitalization covered up to Sum Insured • Alternative treatment covered up to Sum Insured • Living organ donor transplant covered up to Sum Insured • Emergency Ambulance covered up to Rs. 2,000 per hospitalization (for hospitalization in non-network hospitals) and up to Sum Insured (for hospitalization in network hospitals) • e-Consultation for unlimited tele / online medical consultations • Maternity benefit covers Reasonable Medical Expenses for delivery of a child & medically necessary termination of pregnancy, where female Insured Person of age 18 years or above is covered under Family First Policy; Or both Insured Person and his / her legally married spouse are covered under Family Floater Policy, after a period of 24 months of continuous coverage since the inception of the first Policy, with maternity as a benefit, with Us. Medical Expenses for Pre and Post Hospitalization under Maternity Benefit will not be available. • New born baby will be covered as an insured person from birth till the end of policy year in which the baby is born, subject to Maternity Benefits should be payable. Vaccination expenses of the new born baby for the first Year, subject to addition of the new born baby in the policy at renewal of the policy are also covered under this benefit. • Health Check-up is covered from Day 1 as per plan and Sum Insured chosen by You • Refill benefit is covered up to 100% of Base Sum Insured in case the Sum Insured gets exhausted during Policy Year • One time premium waiver benefit if the Policyholder (who should also be an Insured Person) dies or is diagnosed with any of the specified illness as mentioned in Policy Document • Pharmacy and diagnostic services • Loyalty additions through increase in Sum Insured by 10% of expiring Base Sum Insured in a Policy Year, maximum up to 100% of Base Sum Insured, irrespective of claims status • Expenses incurred by the Insured Person for Hospitalization (including Day Care Treatment) due to condition caused by or associated with HIV / AIDS are covered up to a maximum of Rs. 50,000 	<p>3.1</p> <p>3.2</p> <p>3.3</p> <p>3.4</p> <p>3.5</p> <p>3.6</p> <p>3.7</p> <p>3.8</p> <p>3.9</p> <p>3.10</p> <p>3.11</p> <p>3.12</p> <p>3.13</p> <p>3.14</p> <p>3.15</p> <p>3.16</p> <p>3.17</p> <p>3.18</p>

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		<ul style="list-style-type: none"> • Emergency Assistance service are covered within India up to Sum Insured • Mental disorders treatment covered up to Sum Insured (sub-limit applicable on few conditions / disorders) • Modern treatments covered up to Sum Insured (sub-limit applicable on few conditions) <p><u>Additional coverage applicable for Gold and Platinum Plans:</u></p> <ul style="list-style-type: none"> • LASER surgery is covered up to a sub-limit as per plan chosen by You • International Coverage with host of travel benefits are covered outside India excluding USA and Canada . <ul style="list-style-type: none"> ✓ One single trip for maximum 15 days per Insured Person is covered under Gold plan. ✓ Annual multi trip is covered under Platinum plan for a maximum 45 days covered in a single trip. <p><u>Additional coverage applicable only for Platinum Plan:</u></p> <ul style="list-style-type: none"> • Worldwide coverage for Second Medical Opinion can be availed for planned surgery and specified illnesses • Child Care benefits for specified vaccination expenses for Insured children until they have completed 12 years are covered. Expenses for nutrition and growth consulting provided for the child during a visit for such vaccination is also covered. • Specified Illness Cover is covered if an Insured Person suffers a Specified Illness during the Policy Period and while the Policy is in force, We will cover Reasonable and Customary expenses for In-patient treatment and Hospital Accommodation as long as: <ul style="list-style-type: none"> ✓ The symptoms of the Specified Illness first occur or manifest itself during the Policy Period and after completion of 90 day from the inception of 1st Policy with us. ✓ The Specified Illness is diagnosed by a Medical practitioner within India during the Policy Period and after completion of 90 day from the inception of 1st Policy with us. ✓ Medical treatment for the Specified Illness is taken outside India, but only within those regions specified in the Schedule of Insurance Certificate. ✓ The Specified Illnesses covered are as follows, ✓ Cancer, Myocardial Infarction (Heart Attack), Coronary Artery Bypass Graft (CABG), Major Organ Transplant, Stroke, Surgery of Aorta, Coronary Angioplasty, Primary Pulmonary Arterial Hypertension & Brain Surgery. • OPD Treatment and Diagnostic Services expenses are covered for medically necessary consultation as an outpatient with a Medical Practitioner to assess the Insured Person's condition. <p>Optional Coverage:</p>	<p>3.19</p> <p>3.25</p> <p>3.20</p> <p>3.26</p> <p>3.21</p> <p>3.22</p> <p>3.23</p> <p>3.24</p> <p>4.1</p>
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		<ul style="list-style-type: none"> • Personal Accident coverage against accidental death, permanent total and permanent partial disability • Critical Illness coverage for 20 major illnesses which includes cancer, first heart attack, open chest CABG, etc. • Enhanced Loyalty Addition with increase in Sum Insured by 20% of expiring Base Sum Insured in a Policy Year; maximum up to 200% of Base Sum Insured • International Coverage extension options are available for enhancing international coverage: <ul style="list-style-type: none"> ✓ Additional trips are available on single trip basis; from 1 day to 30 days (applicable under Gold plan only) ✓ Sum Insured for 'international coverage' benefit can be doubled (applicable under Gold & Platinum plan only) • Hospital Cash benefit is paid as per the plan chosen for a maximum for 30 days per insured person per policy year, provided that the Insured Person should have been Hospitalized for a minimum period of 48 hours and In-patient Care Hospitalization should have been paid by Us. • Enhanced Geographical Scope for Maternity Benefit under platinum plan, Specified Illness under platinum plan and International coverage for extending cover to USA & Canada (applicable under Gold & Platinum plan only) • Personalized Health Coach for insured aged 18 years & above for any 90 days per Policy Year 	<p>4.2</p> <p>4.3</p> <p>4.4</p> <p>4.5</p> <p>4.6</p> <p>4.7</p>
3	What are the major exclusions in the policy	<ul style="list-style-type: none"> • Investigation & Evaluation, Rest Cure, rehabilitation & respite care, Obesity/Weight control, Change of gender treatments, Cosmetic or plastic surgery, Hazardous or Adventure Sports, Breach of law, Excluded Providers, Refractive Error, Unproven Treatments, Sterility and Infertility, Circumcision, Conflict & Disaster, External Congenital Anomaly, Dental/oral treatment, AYUSH Treatment, Hormone Replacement Therapy, Sleep Disorder, Unrecognized physician or Hospital. <p>(Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing)</p>	Section 7
4	Waiting period	<ul style="list-style-type: none"> • Initial waiting Period: 30 days for all illness (not applicable on renewal or for accidents) • Specific Waiting periods: 12 months for medical conditions and / or Surgical Procedures as specified in policy clause number 6.3, unless the condition is directly caused due to Cancer or by an Accident (covered from day 1) • Pre-existing diseases: Covered after 24 months of continuous coverage <p>The aforementioned Waiting Periods shall not apply to e-Consultation, Health Check-up, Premium Waiver, Pharmacy and Diagnostic Services, Personal Accident Cover, Critical Illness Cover and Health Coach</p> <ul style="list-style-type: none"> • For critical illness cover, 90 days initial waiting period along with Pre-existing Disease waiting period of 48 months and Survival Period exclusion of 30 days will apply for all conditions <ul style="list-style-type: none"> ✓ LASER surgery cover 	<p>6.3</p> <p>6.2</p> <p>6.1</p> <p>4.2</p> <p>3.20</p>

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		<ul style="list-style-type: none"> • Cases related to HIV/AIDS will be subject to a waiting period of 48 months from the inception of the policy with us. • Specified Illness cover will have an initial waiting period of 90 days from the date of inception of cover with us. 	<p>3.17</p> <p>3.23</p>
5	Payment basis	<ul style="list-style-type: none"> • Cashless treatment or Reimbursement of covered expenses up to specified limits • Fixed amount on the occurrence of a covered event under Personal Accident Cover, Critical Illness Cover and Hospital Cash 	<p>8.2</p> <p>4.1, 4.2 & 4.5</p>
6	Loss Sharing	<p>In case of a claim, this policy will cover up to the amount / limits mentioned below:</p> <ul style="list-style-type: none"> • Sub-limits* <ul style="list-style-type: none"> ✓ Room rent sub limit applicable as per plan chosen by you ✓ Ambulance cover for Rs.2,000 per hospitalization (for non network hospital) and up to Sum Insured (for network hospitals) ✓ Modern Treatments sub-limit applicable on robotic surgeries. ✓ Maternity sub limit applicable as per plan and Sum Insured chosen by you ✓ Health Check up limits per insured person as per plan and sum insured chosen by you ✓ Treatment for any condition caused or associated with HIV/AIDS will have a sublimit of Rs. 50,000 per policy year ✓ Mental disorders treatment - sub-limit as per the plan chosen by you is applicable on specific mental conditions / disorders on a cumulative basis as specified in section 3.20 of policy terms and conditions Treatment ✓ OPD treatment is covered up to a sub limit as per plan chosen by You ✓ LASER surgery cover sub limit applicable as per the plan chosen by you ✓ Benefits under International Coverage will have sub limits as per below: <ul style="list-style-type: none"> ○ Emergency Hospitalization- International Sum Insured ○ Emergency Medical Evacuation- International Sum Insured ○ OPD Cover- International Sum Insured with 20% co-pay ○ Compassionate Visit- International Sum Insured ○ Loss of passport- Up to Rs.20,000 ○ Care and/or transportation of Minor children- International Sum Insured ○ Loss of checked-in baggage- Up to Rs.10,000 ○ Return of Mortal remains- International Sum Insured ○ Trip cancellation and Interruption- Rs.25,000 	

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		<ul style="list-style-type: none"> ○ Trip Delay- Rs. 10,000 ○ Delay of checked-in baggage- Rs.5,000 ○ Medical referral- International Sum Insured ○ Medical repatriation- International Sum Insured <p>● Co-Payment</p> <ul style="list-style-type: none"> ✓ If You select Zone 2 (cities other than Mumbai (including Navi Mumbai & Thane), Delhi NCR, Kolkata & Gujarat State), then a zone-wise co-payment of 20% will apply for treatment in Mumbai (including Navi Mumbai & Thane), Delhi NCR, Kolkata & Gujarat State. ✓ All OPD claims under International coverage will be subject to a co-payment of 20% <p><i>*Kindly refer to the Product Benefit Table in Policy Document to understand the sub limits applicable as per the plan and sum insured chosen by you.</i></p>	<p>11.16</p> <p>3 3.24</p>
7	Renewal Conditions	<ul style="list-style-type: none"> ● Your policy is ordinarily renewable for life provided the due premium is paid on time ● The Renewal premium is payable on or before the due date and in any circumstances before the expiry of Grace Period of 30 days ● Renewal premium will alter based on individual Age. The reference of Age for calculating the premium for Family Floater Policies shall be the Age of the eldest Insured Person ● Renewal premium will not alter based on individual claim experience. Renewal premium rates may be changed provided that such changes are approved by IRDAI and in accordance with the IRDAI's rules and regulations as applicable from time to time 	11.5 & 11.6
8	Renewal Benefits	<ul style="list-style-type: none"> ● Loyalty Additions with increase of 10% of expiring Base Sum Insured in a Policy Year; maximum up to 100% of Base Sum Insured ● If Enhanced Loyalty Additions is opted, then there will be increase of 20% of expiring Base Sum Insured in a Policy Year; maximum up to 200% of Base Sum Insured ● OPD Treatment and Diagnostic Services (For Platinum Policyholders only): If the Policy is renewed without any break and there is a unutilized amount in a Policy Year, 80% of this amount can be carried forward to the immediately succeeding Policy Year provided the total amount (including the unutilized amount available under this benefit) shall at no time exceed 2.5 times the amount of the entitlement under the plan 	<p>3.16</p> <p>4.3</p> <p>3.24 (g)</p>
9	Cancellation	<p>This policy would be cancelled, and no claim or refund would be due to you if:</p> <ul style="list-style-type: none"> ● you have not correctly disclosed details about current and past health status OR ● you have otherwise encouraged or participated in any fraudulent claim under the policy. 	11.2 & 11.3

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10	Claims	<p>For Cashless Service:</p> <ul style="list-style-type: none"> Hospital Network details can be obtained from www.maxbupa.com We must be contacted to pre-authorize Cashless Facility for planned treatment at least 72 hours prior to the proposed treatment. If the Insured Person has been Hospitalized in an Emergency, We must be contacted to pre-authorize Cashless Facility within 48 hours of the Insured Person's Hospitalization or before discharge from the Hospital, whichever is earlier. <p>For Reimbursement of Claim:</p> <ul style="list-style-type: none"> We shall be provided with the necessary information and documentation in respect of all claims at Your/Insured Person's expense within 30 days of the Insured Event giving rise to a claim or within 30 days from the date of occurrence of an Insured Event or completion of Survival Period (in case of Critical Illness Cover). 	8.0
11	Policy Servicing/ Grievances/Complaints	<ul style="list-style-type: none"> 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-1/1-2, Mohan Cooperative Industrial Estate Mathura Road, New Delhi-110044 Customer Helpline No: 1860-500-8888 Fax No.: 011-302010 Email ID: customercare@maxbupa.com Senior citizens may write to us seniorcitizensupport@maxbupa.com Insured person may also approach the grievance cell at any of the company's branches with the details of grievance If the Insured person is not satisfied with the above, they can escalate to GRO@maxbupa.com. IRDAI/(IGMS/Call Centre): Email ID: complaints@irdai.gov.in Ombudsman (Refer Annexure 1 of policy document for List of Insurance Ombudsmen) 	11.19
12	Insured's Rights	<ul style="list-style-type: none"> Free Look - If you do not agree to the terms and conditions of the Policy, you may cancel the Policy, stating your reasons within 15 days (30 days for policies with a term of 3 years, if sold through distance marketing) of receipt of the Policy document provided no claims have been made under any benefits. The free look provision is not applicable at the time of Renewal of the Policy. Implied renewability - Your policy is ordinarily renewable for life provided the due premium is paid on time 	11.1 11.5 9. & 10

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		<ul style="list-style-type: none"> • Migration and Portability - You can port your policy at the time of renewal according to the IRDAI guidelines. You can contact Customer Service Department (phone no. and email ID provided above) for migration and portability. • Increase in Sum Insured during the Policy term - You may opt for enhancement of Sum Insured at the time of Renewal, subject to underwriting. You can contact Customer Service Department (phone no. and email ID provided above) for increasing the Sum Insured. • Turn Around Time (TAT) for issue of Pre-Auth – 4 hours • Turn Around Time (TAT) for settlement of Reimbursement - We shall settle or repudiate a claim within 30 days of the receipt of the last necessary information and documentation 	<p style="text-align: right;">11.6 f</p> <p style="text-align: right;">11.22</p>
13	Insured's Obligations	<ul style="list-style-type: none"> • Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid. • Disclosure of material information at the time of Renewal such as change in occupation, address etc. 	<p style="text-align: right;">11.11</p> <p style="text-align: right;">11.6.c</p>

Legal Disclaimer Note: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.