

Sl. No	Title	Description
1	Products Name	ReAssure
	Product UIN	NBHHLIP26050V042526
2	What am I covered for	Base Coverage: • Hospital admission longer than 24 hrs • Day Care Treatment would be covered if admitted for more than 2 hours and would also cover treatment taken for Angiography, Dialysis, Radiotherapy or Chemotherapy for cancer. • Alternative treatment covered up to Sum Insured • Domiciliary hospitalization covered up to Sum Insured • Modern treatments like Robotic surgeries, oral chemotherapy etc. are covered • Related medical expenses up to Sum Insured incurred 60 days prior to hospitalization • Related medical expenses incurred up to Sum Insured within 180 days from date of discharge • Living organ donor transplant covered up to Sum Insured • Emergency Ambulance covered up to Rs. 2,000 per Hospitalization • Air Ambulance covered up to Sum Insured (for Cashless claims) and up to Rs. 2.5 Lacs (for Reimbursement claims) • Home care treatment covered up to Sum Insured • Booster benefit – In case of claim free year, increase of 50% of expiring Base Sum Insured in a Policy Year; maximum up to 100% of Base Sum Insured (In case of a claim, reduction of accumulated Cumulative Bonus by 50% of expiring Base Sum Insured) • ReAssure – Unlimited reinstatement up to base Sum Insured. (Applicable for both same & different illness) • Shared accommodation Cash Benefit as per plan chosen by You • Health Check-up can be availed for Diagnostic Tests as per plan chosen by You • Coverage for Second Medical Opinion for any condition for which Hospitalization is triggered (once in a Policy Year) • Live healthy benefit – Discount on renewal premium basis number of steps taken Optional Coverage: • Personal Accident coverage against accident death, permanent total and partial disability (for insured aged 18 years & above on individual basis) • 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 continuously and In-patient Care Hospitalization should have been paid by Us. • Safeguard – ○ Claim safeguard: Non-payable items paid up to Sum Insured ○ Booster Benefit safeguard: No impact on Booster Benefit if claim in a policy year is less than Rs. 50,000 ○ Sum Insured safeguard: CPI linked increase in Base Sum Insured
3	What are the major exclusions in the policy	• Investigation & Evaluation • Rest Cure, rehabilitation and 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 • Maternity Expenses • Circumcision • Conflict & Disaster • External Congenital Anomaly • Unrecognized Physician or Hospital (Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing)
4	Waiting period	• Initial waiting Period: 30 days for all illness (not applicable on renewal or for accidents) • Specific Waiting periods: 24 months for few conditions as specified in policy clause number 5.2, unless the condition is directly caused by Cancer (covered after Initial Waiting Period of 30 days) or an Accident (covered from day 1) • Pre-existing diseases: Covered after 36 months of continuous coverage The aforementioned Waiting Periods shall not apply to Health Checkup, Second Medical Opinion, Live Healthy benefit and Personal Accident Cover.
5	Payment basis	• Cashless treatment or Reimbursement of covered expenses up to specified limits • Fixed amount on the occurrence of a covered event under Shared accommodation Cash Benefit, Personal Accident Cover and Hospital Cash
6	Loss Sharing	In case of a claim, this policy will cover up to the amount / limits mentioned below: • Sub-limits ○ Modern Treatments –sublimit of Rs. 1Lac applicable on few robotic surgeries ○ Emergency Ambulance is covered up to Rs. 2,000 per Hospitalization ○ Air Ambulance is covered Up to Rs. 2.5 Lacs ○ Shared accommodation Cash Benefit as per plan chosen by You ○ Health Check-up limits as per plan chosen by you ○ Hospital Cash Benefit as per plan chosen by You
7	Renewal Conditions	The Policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the Insured Person. • The Company shall endeavor to give notice for renewal. However, the Company is not bound to give any notice for renewal. • Renewal shall not be denied on the ground that the Insured had made a claim or claims in the preceding policy years. • Request for renewal along with requisite premium shall be received by the Company before the end of the Policy Period. • At the end of the Policy Period, the Policy shall terminate and can be renewed within the Grace Period to maintain continuity of benefits without Break in Policy. Coverage is not available during the Grace Period. • If not renewed within Grace Period after due renewal date, the Policy shall terminate. • No loading shall apply on renewals based on individual claims experience.
8	Renewal Benefits	• Booster benefit – In case of claim free year, increase of 50% of expiring Base Sum Insured in a Policy Year; maximum up to 100% of Base Sum Insured (In case of a claim, reduction of accumulated Cumulative Bonus by 50% of expiring Base Sum Insured) • Live healthy benefit – Discount on renewal premium basis step taken
9	Cancellation	This policy would be cancelled, and no claim or refund would be due to you if: • 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.
10	Claims	For Cashless Service: • 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. For Reimbursement of Claim: • We shall be provided with the necessary information and documentation in respect of all claims within 30 days of Insured Event giving rise to a claim or within 30 days from the date of occurrence of an Insured Event.

Documents for issuance and claim settlement

- Pan Copy/ Form 60 (Proposer)
- Address Proof (Proposer) - Aadhaar Copy (Both sides) / Driving License / Voter ID card / Passport copy (First & last page)
- NRI/ FN/ NRI- Questionnaire (as applicable)
- Portability- Previous year Policy Documents
- Indian address proof & Foreign address proof (as applicable)
- Indian / Foreign passport (as applicable)
- Visa copy (as applicable)
- OCI Card (as applicable)
- PEP form
- Cancel Cheque (in case of Neft Payment) ** additional medical document may be requested based on Health Declaration.

Basic documents and verifications required for claim settlement

- Duly completed claim form signed by the insured/ policyholder and Medical Practitioner, along with policy number, health card and valid photo identity proof.
- ii. Original hospital bills, receipts, discharge summary/ certificate/ card and itemised final bill.
- iii. Original pharmacy bills supported by prescriptions; investigation reports and payment receipts; indoor case papers.
- iv. Medical Practitioner referral/ admission advice for non-accident hospitalization and relevant consultation/ treatment records.
- v. For cashless claims, hospital pre-authorization form and supporting clinical documents. Notify at least 48 hours before planned hospitalization or within 24 hours of emergency hospitalization.
- vi. NEFT/ bank details, KYC verification and any other document required to assess admissibility or investigate the claim. Reimbursement claims are processed within 15 days after receipt of the complete claim form and documents, as stated in the policy.

Frequently Asked Questions- ReAssure

1. What are all the Plan Combinations

- ✓ **Individual** - maximum up to 6 members (maximum of 4 adults and a maximum of 5 children can be included in a single policy. The 4 adults can be a combination of self, spouse, father, father in law, mother or mother in law).
- ✓ **Family Floater – 2Adults + 4Child (adults self, spouse, father, father in law, mother or mother in law)**

2. Age Limits for Adults and Child under Re Assure

- ✓ 91 days to 99 years; maximum age of child under a family floater policy can be 30 years

3. Is there any family Discount available

- ✓ 10% discount on premium if 2 or more members are covered under an individual policy.

4. What are all the Sum Insured options under the policy

- ✓ Sum Insured Options are – 3lacs, 4lacs, 5lacs, 7.5lacs, 10lacs, 12.5lacs, 15lacs, 20lacs, 25lacs, 50lacs, 75lacs, 100lacs

5. Pre & post Hospitalisation expenses are covered for how many days

- ✓ Pre Hospitalization – 60 days & post Hospitalization – 180 days – Only on Reimbursement basis – will be payable if hospitalization claim is paid by us.

6. Is any Modern treatments covered in this policy?

The following procedures / treatments will be covered either as Inpatient Care or as part of Day Care Treatment, in a Hospital :

- Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
- Balloon Sinuplasty
- Deep Brain stimulation
- Oral chemotherapy
- Immunotherapy- Monoclonal Antibody to be given as injection
- Intra vitreal injections
- Robotic surgeries
- Stereotactic radio surgeries
- BronchialThermoplasty
- Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
- IONM - (Intra Operative Neuro Monitoring)
- Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

7. What is the Max. Coverage for Modern Treatments

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- ✓ **Modern Treatments Covered up to Sum Insured with sub-limit** of maximum INR 1 Lac will apply to all robotic surgeries, except the following:

- Robotic total radical prostatectomy
- Robotic cardiac surgeries
- Robotic partial nephrectomy
- Robotic surgeries for malignancies

8. What are all the treatments can customer avail under Home Care treatment

- ✓ Customer can avail treatment at home for Chemotherapy or Dialysis from a registered Home care service provider

9. What is the Booster benefit

- ✓ For every claim free year we will increase the Sum Insured by 50% of the Base Sum Insured subject to a maximum of 100% of the Base Sum Insured.

10. Does Booster benefit continue for Life time if there is any claim in the preceding Policy year

- ✓ If there is any claim in preceding policy year, the added bonus will get reduced by 50%. We are providing an optional benefit – Booster benefit Safeguard. If the customer avails this option his Booster benefit will not get reduced in case the claim amount is less than 50000/- in a Policy Year.

11. How many times in a year , ReAssure benefit will be triggered

- ✓ ReAssure Benefit will be Triggered with the first paid claim itself and is available for all subsequent claims in a Policy Year.(i.e. Unlimited times for same Illness and for same person)

12. Is Health Check up available for all Insured? Is it available from Day1 or after 1year?

- ✓ Health Check up is available from day 1 and for all Insured Members in the Policy up to the Limits mentioned in Policy.

13. Can a customer avail health Checkups Multiple times within the Limits mentioned

- ✓ No. an insured person has to avail health Checkups on the same day in a policy year.

14. What are all the Health Checkups a customer can avail in the Policy?

- ✓ Customer can avail defined list of tests; up to Rs. 500 for every Rs. 1 Lac Sum Insured (Individual policy: maximum Rs. 5,000 per Insured; Family Floater policy: maximum Rs. 10,000 per policy)
- ✓ The list of tests covered under this benefit will be Complete blood count, Urine Routine, Erythrocyte Sedimentation Rate (ESR), Fasting Blood Glucose, Electrocardiogram, S Cholesterol, Complete Physical Examination by Physician, Post prandial / lunch blood sugar (PPBS / PLBS), Uric Acid, Lipid Profile, Kidney function test, Serum Vitamin D, Serum Electrolytes, HbA1C,

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Thyroid profile (TSH), Liver Function Test (LFT), Treadmill test (TMT) and Ultrasound test.

**15. Health Checkups are on Cashless or reimbursement basis.**

- ✓ Customer can avail health check-up both on Cashless basis only.

16. How many times a customer can avail Second Medical Opinion

- ✓ This benefit can be availed only once during a Policy Year.
- ✓ We should have accepted a claim under Inpatient Care or Day Care Treatment for which opinion is sought.

17. What is the discount available basis Health Score for 1 year Policy

Health Score	Individual sum insured policy Floater policies with 1 Adult	Floater policies with more than 1 Adult
Up to 1500	0%	0%
1501 – 2250	5%	2.5%
2251 – 3000	15%	7.5%
3001 – 3750	20%	10%
>=3751	30%	15%

18. Why Health Scores of last 3 months in the first policy period under Live Healthy benefit not considered for discount calculation

- ✓ Score of the last 3 months are not lost and will be considered in the next policy period.

19. Who all can opt for Personal Accident optional benefit

- ✓ All Insured Members of age 18 years & above

20. What will be the Max. Personal Accident Coverage One can opt for?

- ✓ Personal Accident cover will be equal to 5 times of Base Sum Insured; subject to maximum of Rs. 100 Lacs

21. What are all the Optional benefits?

- ✓ Hospital Cash
- ✓ Personal Accident Coverage
- ✓ Safeguard
- ✓ Safeguard+

22. What are the riders?

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- ✓ Annual aggregate deductible (SavePlus)
- ✓ Smart Health+



23. What is SafeGuard?

- ✓ SafeGuard benefit will Cover the following
 - i. Claim Safeguard: Non-payable items paid up to Sum Insured in case of hospitalization (List 1)
 - ii. Booster Benefit Safeguard: No impact on Booster Benefit if claim in a policy year is less than Rs. 50,000
 - iii. Sum Insured Safeguard: CPI linked increase in Base Sum Insured

24. What are the discounts available for Muti year Policy?

- ✓ For multi policy term, avail a discount of 7.5% on 2nd year's premium and additional 15% on 3rd year's premium.

25. How many Day care procedures are covered under the policy?

- ✓ All Day care procedures are covered under the policy Subject to Min. 2 Hrs of Hospitalization

26. Is there any Limit on Room category?

- ✓ No, All categories are covered up to Sum Insured.

27. Are we covering Air Ambulance in ReAssure?

- ✓ We will indemnify the costs incurred for ambulance transportation in an airplane or helicopter, for Emergency life threatening health conditions which require immediate and rapid ambulance transportation to the Hospital / medical centre that ground transportation cannot provide

28. What is the Zone Structure in ReAssure?

- ✓ Zone 1:- Delhi NCR, Mumbai (including Navi Mumbai and Thane) and Gujarat State, Delhi NCR includes Delhi, Baghpat, Bulandshahr, Gautam Buddh Nagar, Ghaziabad, Hapur, Meerut, Muzaffarnagar, Shamli, Charkhi Dadri, Faridabad, Gurugram, Jhajjar, Jind, Karnal, Mahendragarh, Nuh, Palwal, Panipat, Rewari, Rohtak and Sonipat
- ✓ Zone 2:- Pune, Ludhiana, Jaipur, Nasikh, Hyderabad, Kolkata
- ✓ Zone 3:- Rest of India

29. Customer has availed Policy under Zone-2 and is hospitalized in Delhi, will there be any Copayment on Claim?

- ✓ There will not be any copayment.

30. Customer is from Delhi, can he purchase the policy under Zone-2

- ✓ No, he has to take the policy in Zone-1

31. What is the Limit for Hospital Cash benefit?

- ✓ Hospital cash benefit is payable for every 24hrs of hospitalization completed up to a maximum 30 days of hospitalization provided the hospitalization for min. 48hrs and
- ✓ Inpatient hospitalization is paid by us, subject to Base Sum Insured
 - i. 3lac,4lac,5lac – 1000/- per day
 - ii. 7.5lac,10lac,12.5lac,15lac – 2000/- per day
 - iii. 20lac,25lac,50lac,75lac,100lac – 4000/- per day

32. Is Home Isolation charges covered if the insured member diagnosed with COVID-19

- ✓ No. The expenses for hospitalization due to COVID-19 will be covered as per terms and conditions of the policy.

33. If the customer is COVID-19 Positive can we offer the policy?

- ✓ The person may have to undergo medical tests and the policy will be issued basis the underwriting guidelines of the company.

34. Does this policy cover COVID-19 ?

- ✓ Yes. Hospitalization expenses due to COVID-19 will be covered under this policy after the initial waiting period is over according to the terms and conditions of the Policy.

35. What is SafeGuard+?

- ✓ SafeGuard+ benefit will Cover the following
 - i. Claim Safeguard+: Coverage for non-payable items as per List 1, 2, 3 & 4.
 - ii. Booster Benefit Safeguard+: No impact on Booster Benefit if claim in a policy year is less than Rs. 1,00,000/-
 - iii. Sum Insured Safeguard+: Increase in base sum insured on a cumulative basis each policy year based on Inflation Rate

36. What is annual aggregate deductible?

- ✓ This is an aggregate amount in a year that is incurred by you on Expenses in reaching a Hospital, Expenses during Hospitalization, Expenses before and after hospitalization, Home Care / Domiciliary Treatment, Organ Donor, which we will NOT pay. Once the total expense exceeds this amount, balance we will pay. Deductible is on an Annual Basis and not on every claim. Choose a deductible 10K, 20K, 30K, 50K, 1L

37. Is it mandatory to confirm the nomination details at the time of buying the policy and on renewal?

- ✓ Yes, it is mandatory to confirm the nomination details at the time of

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renewal. Details required for Nominee:

Name: _____ Address: _____

Email ID: _____

Bank Name _____ Branch _____ City _____ Account
number _____ IFS Code _____

Account type: ☐ Savings ☐ Current

38. Is it mandatory to share Bank Account details of the proposer at the time of logging in the policy?

- ✓ Yes, it is mandatory to share Bank Account details of the proposer at the time of logging in the policy.

39. How many days are in free look period?

- ✓ Free look period consists of 30 days.

40. What is the duration of grace period?

- ✓ Grace period is of 30 days for all types of policies. For policies with monthly premium payment mode, it is for 15 Days. The coverage too will be given during the 15 Days grace period of a policy taken on monthly mode.

41. How is the premium refund calculated upon cancellation after the free look period?

- ✓ Post free look period, premium refund on cancellation would be on pro-rata

42. When will the customer's consent be obtained for data sharing with third – party service providers?

- ✓ Consent of Customer will be taken, at the time of enrolment in to the policy, for data sharing with any third party service provider.

43. What is Moratorium period? What is the duration of moratorium period?

- ✓ After completion of five continuous years under the policy, no look back to be applied. This period of five years is called as moratorium period. The moratorium would be applicable for the Sums Insured of the first Policy and subsequently completion of five continuous years would be applicable from date of enhancement of Sums Insured only on the enhanced limits. After the expiry of moratorium period, no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the Policy contract. The Policies would however be subject to all limits, sub limits, co-payments, deductibles as per the Policy contract. The duration of moratorium period is 5 years (60 months).

44. What is Favourable Claim Experience Discount?

- ✓ Discount of up to 39% on the renewal premium basis the value of the claims paid during

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the policy year.

A Trend and Level Score will be allotted for each policy year.

Trend Score: A score for the policy basis the claim amount paid in the policy year.

Level Score: A calculated score at policy level which will determine the discount on the renewal premium.