

Customer Information Sheet/ Know Your Policy

This document provides key information about your policy. You are advised to go through your policy document

Sl. No	Title	Description	Policy Clause Number
1	Products Name	Senior First	
2	Product UIN	NBHHLIP27053V022627	
3	What am I covered for	Base Coverage: - Hospital admission for 2 hours or more. Also cover treatment taken for Angiography, Dialysis (Hemo / Peritoneal), Radiotherapy or Chemotherapy for cancer. - AYUSH Treatments are also covered if admitted for 24 hours or more in AYUSH Hospital - Modern treatments like Robotic surgeries, oral chemotherapy etc. are covered - Treatment at home (Domiciliary hospitalization) covered up to Sum Insured - 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 - Organ donor expenses covered up to Sum Insured - Road ambulance covered up to Rs.2,000 and air ambulance up to Rs.2,50,000 per hospitalization - No Claim Bonus (Platinum variant only) – For every claim free year, we will add 10% of expiring policy base sum insured as NCB, maximum up to 100%. - ReAssure (Platinum variant only) – Unlimited reinstatement up to base Sum Insured (applicable for both same & different illness) - Health Check-up (Platinum variant only) can be availed from day 1 of the policy as per plan chosen by You Optional Coverage: - Annual Aggregate Deductible option - Deductible will be 1/5th of the Base Sum Insured chosen - Modification in co-payment option - Co-payment can be modified from 50% (default) to 40% or 30% or 20% at inception of the first policy.	1.2 1.2 1.2 1.4 1.3 1.3 1.5 1.1 1.6 1.7 1.8 2.2 2.1
4	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	4.1 4.2 4.3 4.4 4.5 4.6 4.7 4.8 4.12 4.13

		- External Congenital Anomaly - Dental/oral treatment - Any expenses incurred on OPD treatment. - 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)	4.14 4.15 4.17 4.18 4.19 4.20 4.26 4.27
5	Waiting period	30-day Waiting Period: 30 days for all illness (not applicable on renewal or for accidents) Specified Disease/Procedure Waiting Periods: 24 months for few conditions as specified in policy clause number 3.2 Pre-existing diseases: Covered after 24 months of continuous coverage Personal Waiting Periods: Covered after 24 months of continuous coverage	3.3 3.2 3.1 3.4
6	Payment basis	Cashless treatment or Reimbursement of covered expenses up to specified limits	5
7	Loss Sharing	In case of a claim, this policy will cover up to the amount / limits mentioned below: Sub-limits - Room category – ‘Shared room’ for Gold variant and ‘Single Private room’ for Platinum variant. - Modern Treatments – sublimit of Rs. 1Lac per claim applicable on few robotic surgeries - Road ambulance is covered up to Rs. 2,000 and air ambulance is covered up to Rs.2,50,000 per hospitalization - Health Check up limits as per plan chosen by you and specified in the policy schedule Co-payment - Each and every claim under the Policy (except for Ambulance and Health check-up) shall be subject to a Co-payment as specified in your policy schedule. 10% additional co-payment applicable if the treatment is taken in a higher room category than the eligible room category	1.2 1.1 1.8 2.1
8	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.	6.5

9	Renewal Benefits	No Claim Bonus – For every claim free year, we will add 10% of expiring policy base sum insured as NCB, maximum up to 100%.	1.6
10	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.	6.2
11	Claims	For Cashless Service: • Hospital Network details can be obtained from www.maxbupa.com For Reimbursement of Claim: • Provide all claim related documents within 30 days from discharge	5

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.
- Original hospital bills, receipts, discharge summary/ certificate/ card and itemised final bill.
- Original pharmacy bills supported by prescriptions; investigation reports and payment receipts; indoor case papers.
- Medical Practitioner referral/ admission advice for non-accident hospitalization and relevant consultation/ treatment records.
- 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.
- 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- Senior First

1. Why Medical Insurance Coverage is required for Senior Citizen?

Senior Citizens are completely dependent upon savings & pensions for their regular expenses. Medical emergency without a health insurance plan can lead to financial crisis. Moreover cost of medical facilities after this pandemic is rising rapidly. Senior first plan take care of all medical expenses and saves the existing savings / funds in case of hospitalization

2. Who can buy Senior First product?

Entry age: 61 years to 75 years

1 Adult (Self) or 2 Adult (Self and Spouse)

Policy can be taken on Individual SI basis or Family Floater basis

3. Is Co-payment or Deductible mandatory under this product?

Yes, either co-payment or Deductible is mandatory to be chosen under this plan. If you choose co-payment – the options are 20%, 30%, 40%, 50%

If you chose deductible – the deductible amount will be 20% (i.e. 1/5) of base sum insured opted

4. Can I change co-payment percentage at renewal?

No. The co-payment can ONLY be chosen at inception of the policy and cannot be changes later.

5. Do you cover co-morbid situation as well?

If you have diabetes or hypertension, then kindly disclose the same at the time of proposal.

Our underwriters will evaluate and let you know if the policy can be issued or not.

6. Is there any zone wise co-pay applicable in this plan?

No zone wise co-pay applicable.

7. Are there any room rent / category capping applicable in this plan?

There is no amount capping, however the room category is capped at 'Single Private Room' for Platinum plan and 'Shared Room' for Gold plan.

8. What if customer goes into a higher room category at the time of claim?

If you opt for higher room category than the eligible room category, then an additional co—payment of 10% shall apply.

Please note that in other products, proportionate deduction is applied if higher room category / rent is opted. However, in Senior First, there is no proportionate deduction applicable. We simplify it by having 10% additional co-payment.

9. What are the key differences between Gold & Platinum plan?

Gold plan: Shared Room, No ReAssure, No Health Check-up, No NCB

Platinum plan: Single Private room available. The benefits viz. ReAssure Health Check-up from day 1 and NCB also available

10. Is Safeguard Add-on available with Senior First?

Yes, Safeguard Add-on is available with Senior First product

11. What are the limits for Annual Health Check-up in Senior First?

Available once every Policy Year, from day 1 of the policy. You can choose any test(s) from the list specified below. Please note that the tests must be taken within the duration of 7 days.

List of tests covered:

Complete blood count	Complete Physical Examination by Physician	Serum Electrolytes
Urine Routine	Post prandial/lunch blood sugar (PPBS / PLBS)	HbA1C
Erythrocyte Sedimentation Rate (ESR)	Uric Acid	Thyroid profile (TSH)
Fasting Blood Glucose	Lipid Profile	Liver Function Test (LFT)
Electrocardiogram	Kidney function test	Treadmill test (TMT)
S Cholesterol	Serum Vitamin D	Ultrasound test

Plan type	Limit's basis	Eligibility
Individual sum insured plan	Per insured	Rs. 500 for every 1 Lac rupees base sum insured, maximum up to Rs. 5,000
Floater sum insured plan	For all insured's together	Rs. 500 for every 1 Lac rupees base sum insured, maximum up to Rs. 10,000

12. Suppose if I choose deductible option, do I need to bear that amount on each & every claim?

No, once you exhausted your deductible in single bill or multiple, all further claim amounts in that policy year would be admissible.

13. Do I need to undergo any pre-medical test to buy this policy?

No medical test required, only Telephonic underwriting based accept or decline. Medical tests may be asked by underwriter basis adverse deceleration.

14. Are there any reasonable & customary charges applicable on this plan?

Yes, reasonable & customary charges are applicable

15. Do you cover non-payable items too?

Non-payable items are generally excluded as per the industry trend, but with safeguard option all those charges will be covered.

16. Can I reduce my PED waiting period by paying extra premium?

No, PED waiting period will be 2 years.

17. Are there any loading charges applicable on this plan?

Loading charges are subject to underwriting

18. What are the discounts available in this plan?

Policy Tenure - 1 year or 2 years or 3 years. For multi policy term, avail a discount of

- 7.5% on 2 year's premium and 15% on 3 year's premium.
- 2.5% discount at renewal if standing instruction for renewal is provided and the policy is renewed using the same

19. What is the maximum entry age in this plan?

Maximum entry age is 75 years; however you can renew the plan till lifetime

20. Is dialysis and chemotherapy at home covered under this policy?

Yes, we cover peritoneal dialysis and chemotherapy for cater at home, similar to ReAssure. Please note that we will NOT pay for Automation machine for peritoneal dialysis

21. Can I purchase this policy for my parents?

Yes, you can be proposer and parents can be insured

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22. Can I purchase 2A floater policy with one member aged above 61 and second member aged less than 61?

No, both members should be aged 61 or above

23. Is air Ambulance available under Senior First?

Yes, air ambulance is available up to Rs.2.5 Lac for Emergency Care ONLY. Emergency care means management for an Illness or Injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a Medical Practitioner to prevent death or serious long term impairment of the Insured Person's health.

24. Can you please explain ReAssure benefit available in platinum plan with an illustration?

The first paid claim triggers ReAssure, a benefit with unlimited sum insured.

NOTE: Maximum amount ReAssure benefit pays for any single claim is up to base sum insured.

Illustration:

Base Sum Insured	1 st paid Claim		Balance Base Sum Insured	2 nd payable claim	Claim amount paid	Balance Base Sum Insured	3 rd Payable claim	Claim amount paid
10 Lac	7 Lac	ReAssure benefit triggered	3 Lac	12 Lac	12 Lac (3 Lac from base SI and 9 Lac from ReAssure)	Nil	11 Lac	10 Lac from ReAssure

25. How are our product features compared to other senior citizen health insurance products available in the market?

Features	Senior First Gold	Senior First Platinum	Star- Red Carpet	Religare Care Freedom	Religare Care Senior	HDFC ERGO Health	ABHI Activ Care
Entry Age	61-75		60-75	18+ for SI 3, 5L 46+ for SI 7, 10L	61-No Limit	61-No limit	55-80
Sum Insured	5, 10L	5, 10,15,20,25L	1 to 25L	3, 5, 7, 10L	3, 5, 7, 10L	2, 3, 5L	3 to 25L
PPMC	No PPMC		No PPMC	No PPMC	Mandatory	Mandatory	Mandatory
PED wait period	2 years		1 year	2 years	4 years	3 years	2 years
Room Type / Rent	Shared Room	Single Room	1% of SI to 10k, depending upon SI (5k for 5L, 6k for 10L)	<=5L: Shared >5L: Single Room	<5L: 1% of SI >=5L: Single Room (max 1% of SI)	No room limit	Shared Room (Single Room for Premier plan)
Co-payment	option to choose – 50% or 40% or 30% or 20%		<=10L: 50% for PED & 30% for Non PED >10L: 30%	20% / 30%	20%	Single Room: 30% Lower Room: 15% Specific Illness: 30% Day Care: 15%	Classic: 20% Premier – 10% Specific Illness: 20%
Sub-limits for specific illness	No		Yes	Yes	Yes	No	No
AHC	NA	Yes	Yes	Yes	Yes	NA	Yes (from 2 nd year)
NCB	NA	10%; Max 100% (without reduction)	NA	NA	10%; Max 50% (with reduction)	NA (Renewal disc. of 5%)	10%; Max 50% (with reduction)
ReAssure	NA	Yes	NA	NA (Recharge available)	NA (Recharge available)	NA	NA (Reload available)

25. How is our Gold plan features is compared to Star's Red Carpet?

Features	MBHI – Senior First Gold	Star- Red Carpet
Room Type / Rent (per day)	Shared Room	5k for 5L SI; 6k for 10L SI
Co-payment	option to choose 50% or 40% or 30% or 20%	For PED: 50% For Non PED: 30%
ICU charges (per day)	No sub-limit (covered up to SI)	Up to 2% of SI

Features	MBHI – Senior First Gold	Star- Red Carpet
Sub-limits for specific illness	No	Yes
Pre hospitalization cover	60 days	30 days
Post hospitalization cover	180 days (covered up to SI)	7% of hospitalization expenses; maximum Rs.5k (for 5L SI) or Rs.7k (for 10L SI)
Modern Treatments	Yes	Yes
Ambulance	Up to Rs.2k per hospitalization	Up to Rs.1k per hospitalization
AYUSH Treatments	Yes	No
Domiciliary Hospitalization	Yes	No
PED wait period	2 years	1 year
AHC	No	Yes (within network, only for claim free year) Sub-limit: Rs.1k (for 5L SI) or Rs.1.4k (for 10L SI)
OPD Consultation	No	Yes (within network, max 200 per consultation) Sub-limit: Rs.1k (for 5L SI) or Rs.2k (for 10L SI)
NCB	No	No

26. Any disclosures on the BMI or any loading applicable

No Loading on Hypertension, Diabetes, BMI (except for very high range)

27. What is range for loading in premium

Based on underwriting

28. Is the Senior First and Reassure underwriting guidelines is same?

It's different from product to product

29. In Safeguard rider is consumables also covered with total claim

Only non-payable items listed in terms and conditions would become payable with safeguard rider

30. Is there any sublimit of treatment/any list available?

No sub-limit applicable , except for modern treatments

31. Air Ambulance registered service provider?

AssistAmerica

32. Pre-Post Hospital expenses are covered under AYUSH benefit?

Yes, we cover

33. Claim related to COVID will impact the bonus in Senior First?

Yes, it will

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- 34. Any specific limit is followed with respect to the treatment taken in different hospital for the same illness like Cataract, Knee replacement, etc?**
No specific sub-limit applies (Reasonable and Customary charges would apply)
- 35. Waiting period for Specific & PED?**
24 months for Specific & PED
- 36. Any extra premium can be paid to reduce co-pay?**
No
- 37. Any specific definition in shared room like 1 Member / 2 Member?**
All shared room
- 38. Air Ambulance is covered up to 2.5 lacs on reimbursement is per year or per claim?**
Per hospitalization claim
- 39. If a patient is transferred with road ambulance, then in air ambulance to hospital, both will be paid?**
Road + Air both will be paid
- 40. ReAssure benefit will cover for all ailments in SF?**
Yes, apart from health check up, other claim on hospitalization is covered.
- 41. In case of Organ Donor, Pre - post hospitalization cost is covered?**
No, only the expenses towards hospital Inpatient care for donor
- 42. In non payables, what is referred to conveyance charges?**
List as per regulator to be followed
- 43. HIV/bariatric surgery is covered in SF?**
Covered (Bariatric subject to conditions specified in T&C clause 4.3)
- 44. If customer has chosen higher room category while taking treatment?**
10% additional co-payment applies. No proportionate deduction
- 45. Can we give 2 SF policies to the same customer?**
Subject to underwriting and max SI limit
- 46. If customer wants to increase his Sum Insured from Gold to Platinum, will this be considered as migration?**
It will be up sell; however this will be subject to underwriting.
- 47. Is it mandatory to confirm the nomination details at the time of renewal?**
Yes, it is mandatory to confirm the nomination details at the time of renewal.
- 48. 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.
- 49. How many days are in free look period?**
Free look period consists of 30 days.
- 50. What is the duration of grace period?**
The duration of grace period is of 30 days.

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51. 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 basis and not a short period grid.

52. 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.

53. 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 Sum 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.