

Health Protection with a promise of love


ReAssure Benefit*
Never run out of Sum Insured.


Day 1 Health Check-up

No sub-limits on common health condition
No sub-limits applicable for common health conditions like cataract, joint replacements, cancer, or more.


No mandatory pre-issuance medical tests


Safeguard (Add-on)*
Go truly cashless with coverage even for non-payable items like PPE Kits, gloves, masks, and more.


Annual Aggregate Deductible
An optional benefit that makes your health insurance free from co-pay

For your Family's Health Insurance

## 『 1860-500-8888 \#www.maxbupa.com

## Comprehensive health protection with a promise to give our seniors a secure second innings.

| Product Benefit Table (all limits in INR unless defined as percentage) |  |  |
| :---: | :---: | :---: |
| Variant | Gold | Platinum |
| Base Sum Insured | 5 Lacs / 10 Lacs | 5 Lacs / 10 Lacs / 15 Lacs / 20 Lacs / 25Lacs |
| Benefits |  |  |
| In-patient Care | Covered up to Sum Insured |  |
| Room Category ${ }^{(1)}$ | Shared Room | Single Private Room |
| Pre-Hospitalization (60 days) | Covered up to Sum Insured |  |
| Post-Hospitalization (180 days) | Covered up to Sum Insured |  |
| Day Care Treatment | Covered up to Sum Insured |  |
| Modern treatments | Covered up to Sum Insured with sub-limit of INR 1 Lac per claim on few robotic surgeries |  |
| Ambulance | Road ambulance: up to INR 2,000 per hospitalization |  |
|  | Air ambulance: up to INR 2,50,000 per hospitalization |  |
| AYUSH Treatments | Covered up to Sum Insured |  |
| Treatment at home (Domiciliary Hospitalization) | Covered up to Sum Insured |  |
| Organ Donor | Covered up to Sum Insured |  |
| No Claim Bonus | Not applicable | In case of claim free year, increase of $10 \%$ of expiring Base Sum Insured in a Policy Year; maximum up to $100 \%$ of Base Sum Insured (In case of claim, no reduction in No Claim Bonus) |
| ReAssure* | Not applicable | Unlimited up to base Sum Insured (Applicable for both same \& different illness) |
| Health Check-up | Not applicable | Annual (From Day 1); For defined list of tests; up to INR 500 for every INR 1 Lac Base Sum Insured (Individual policy: maximum INR 5,000 per Insured; Family Floater policy: maximum INR 10,000 per policy) |
| Co-payment ${ }^{(1)}$ | 50\% |  |
| Optional Benefits |  |  |
| Annual Aggregate Deductible ${ }^{(2)}$ | 1 Lacs / 2 Lacs / 3 Lacs / 4 Lacs / 5 Lacs |  |
| Modification in co-payment | 40\% / 30\% / 20\% |  |

${ }^{1} 10 \%$ additional co-payment applicable, if treatment is taken in higher room category than eligible room category.
${ }^{2}$ Deductible will be $1 / 5$ th of the base sum insured chosen. If deductible is opted, then co-payment will NOT apply except as specified in point (1) for treatment taken in higher than eligible category of room.

## MAX BUPA HEALTH INSURANCE COMPANY LIMITED

Registered Office Address: C-98 Lajpat Nagar 1, New Delhi-110024
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