





Your health first

We all aspire to provide the very best to our family and adequate medical protection is critical for our family's well being. That's why opting for a smart health insurance is a must, so that you have the confidence to go in for the best possible treatment when you need it. This smart move will take care of any medical expense and free you from all worries. With Max Bupa Health Companion, you needn't spend your hard earned savings to protect yourself and your loved ones. It safeguards your hard earned assets and gives you complete peace of mind. How's that for a smart choice!

FEATURES THAT MAKE HEALTH COMPANION A SMART CHOICE

Comprehensive cover

Health Companion is a Smart Health Insurance plan which gives you the option to choose from a wide range of cover starting from Rs. 2 Lacs to Rs. 1 Crore depending on your need.

That's not all. It's got several benefits which come handy when you need it.

- Covers all day-care procedures and not just a select few.
- No limit to room rent accommodation in hospitals.
- Covers pre & post hospitalisation expenses as well as domiciliary hospitalisation without any sub-limits.
- One policy can cover as many as 19 relationships of the same family. A cost effective way to cover your entire family.

Cashless facility

Health Companion gives you complete peace of mind with cashless facility to avail the best in healthcare in across 3500 quality hospitals in our network.

Refill your existing sum insured

Now you wouldn't need to worry in case you have exhausted your Base Sum Insured and No Claim Bonus partially or completely. You can earn and utilize an additional Sum Insured up to to the Base Sum Insured for a subsequent claim in the same year, provided it is for an unrelated illness. This is what we call a smart benefit, where you get more Sum Insured for a less amount.

Get more on renewal - Because we care for our relationship with you

When you renew your policy, you will be entitled to more privileges year on year.

- No Claim Bonus: We will increase your Sum Insured. by 20% of the Base Sum Insured. subject to a maximum of 100% of Base Sum Insured for each claim-free year. You get no claim bonus for claim-free years only. However, if you claim, the accumulated bonus does not get reduced.
- Complimentary Health Check Up: Prevention is better than cure.
 That's why with Health Companion you would get a complimentary Health Check Up as per your plan eligibility

AYUSH treatment - if you believe in the age old way of medical treatment

Our policy gives you the added benefit of in-patient treatment under AYUSH, which allows you to opt for Ayurveda, Unani, Siddha and Homeopathy treatments and live a healthier life.

Smart top-up option

In case you you already have a health cover but want to increase your health protection plan, we offer you an option of top-up cover. This is when you already have a base insurance policy (individual or corporate) or you are willing to avail of a standalone deductible insurance cover. This benefit is surely a smart one as you can avail of this option at an affordable cost. You can read more about this feature in this brochure on the flip side.

Discounted two year policy tenure

You have the freedom to opt for a policy for two years at one go. This gives you a welcome discount of 12.5% on the second year's premium amount.

AT MAX BUPA,
WE FEEL THAT ANY
HEALTH INSURANCE
YOU BUY SHOULD
GIVE YOU PEACE OF MIND
IRRESPECTIVE
OF YOUR AGE, PLAN
OR ANY OTHER FACTOR.
HERE ARE THE KEY
REASONS ON WHY
MAX BUPA IS
A SMART CHOICE.

- · We process your claim directly and not via third party.
- We cover medical expenses for all day-care procedures.
- We have no age restriction and can cover your family members at any age.
- You can be eligible for Tax Saving under Section 80D of the Income Tax Act*.
- We assure you renewability for life without any extra loadings based on your claim.
- Medical expenses for an organ donor's treatment for harvesting of the organ are also covered.
- We take care of your medical expenses up to 30 days prior to hospitalization and even 60 days after discharge from the hospital. This is subject to acceptance of in-patient claims by the company.
- · We cover costs incurred towards emergency ambulance also.

BENEFIT TABLE - HEALTH COMPANION HEALTH INSURANCE PLAN

			li de la companya de		
			Overall Sum Insured (SI)		
	Variant 1	Variant 2	Variant 3	Family First	
Overall Sum Insured (SI) Rupees	2 lacs 3 lacs 4 lacs	5 lacs 7.5 lacs 10 lac 12.5 lacs	15 lacs 20 lacs 30 lacs 50 lacs 100 lacs	Individual Base Sum Insured: 1 Lacs. 2 Lacs. 3 Lacs. 4 Lacs. 5 Lacs & 10 Lacs per Insured Person Floater Base Sum Insured: Livaliable on a floating basis over individual cover): 3 Lacs. 4 Lacs. 5 Lacs. 10 Lacs. 2 Clacs. 3 Lacs. 4 Lacs. 5 Lacs. 6 Lacs. 5 Lacs. 6 Lacs. 7 Lacs. 6 Lacs. 7	
In-patient treatment		Dissessine Cor	ET DESICHO		
Doctors' fees					
Diagnostics Tests		Covered up to Base Sum Insured		Covered up to Sum Insured	
Medicines, drugs and consumables					
Nursing charges					
Intravenous fluids. blood transfusion, injection administration charges			Covered up to Base Sum Insured		
Operation theatre charges					
Cost of prosthetics and other devices or equipment if implanted internally during a surgical operation.	Covered up to Base Sum Insured				
Intensive care unit charges					
Hospital accommodation					
Pre and post hospitalisation expenses including doctors' consultation, diagnostics tests, medicines, drugs and consumables					
Day care procedures					
Organ donor					
Other benefits:					
Emergency ambulance	Up to Rs. 3.000	Up to Rs. 3.000	Up to Rs. 3.000	Up to Rs. 3.000	
No claim bonus	20% of Base Sum Insured up to a max of 100%	20% of Base Sum Insured up to a mux of 100	20% of Base Sum Insured up to a max of 100%	20% of Individual Base Sum Insured up to a max of 100% of Individual Base Sum Insured	
Refill benefic ⁽¹⁾	Up to Base Sum Insured	Up to Base Sum Insured	Up to Bisse Sum Insured	Not available	
Vaccination (in case of animal bite) ⁽⁴⁾	Up to Rs. 2.500	Up to Rs. 5.000	Up to 8s.7.500	Up to Rs.5.000	
Ayush treatment ⁽⁵⁾	Up to Base Sum Insured	Up to Base Sum Insured	Up to Base Sum Insured	Up to Sum Insured	
Health check-up	Once in 2 years	Annual	Annual	Annual	
Domiciliary hospitalisation	Covered upto Base Sum Insured	Covered up to Base Sum Invared	Covered up to Base Sum Insured	Covered up to Sum Insured	
CUSTOMER LEVEL ENDORSEMENT					
Top-up plan on annual aggregate basis	Deductible of Rs. 1, 2, 3, 4, 5 and 10 lacs	Deductible of Rs.1.2.3.4.5 and 10 lacs	Deductible of Rs.1.2.3.4.5 and 10 lacs	Deductible of Rs.1,2,3,4.5 & 10 Lacs	
Treatment only in tiered network. (III)	Option available to Zone 2 customer	Option Available to Zone 2 customer	Option Available to Zone 2 customers	Option available to Zone 2 customers	
Hospital cash ⁽²⁾	1,000/day	2.000/day	4.000/day	Rs.1,000/day or Rs.2,000/day	

⁽¹⁾ Baseline cover includes a ~48-month waiting period for Variant 2 and 36-month waiting period for Variant 2. Variant 3 and Family First for pre-existing conditions ~ a 30-day Initial waiting period for Variant 2. Variant 3 and Family First for pre-existing conditions ~ a 30-day Initial waiting period for Variant 2. Variant 3 and Family First for pre-existing conditions ~ a 30-day Initial waiting period for Variant 2. Variant 3 and Family First for pre-existing conditions ~ a 30-day Initial waiting period for Variant 2. Variant 3 and Family First for pre-existing conditions ~ a 30-day Initial waiting period for Variant 2. Variant 3 and Family First for pre-existing conditions ~ a 30-day Initial waiting period for Variant 2. Variant 3 and Family First for pre-existing conditions ~ a 30-day Initial waiting period for Variant 2. Variant 3 and Family First for pre-existing conditions ~ a 30-day Initial waiting period for Variant 2. Variant 3 and Family First for pre-existing conditions ~ a 30-day Initial waiting period for Variant 2. Variant 3 and Family First for pre-existing conditions ~ a 30-day Initial waiting period for Variant 2. Variant 3 and Family First for pre-existing conditions ~ a 30-day Initial waiting period for Variant 2. Variant 3 and Family First for pre-existing conditions ~ a 30-day Initial waiting period for Variant 2. Variant 3 and Family First for pre-existing conditions ~ a 30-day Initial waiting period for Variant 2. Variant 3 and Family First for pre-existing conditions ~ a 30-day Initial waiting period for Variant 2. Variant 3 and Family First for pre-existing conditions ~ a 30-day Initial waiting period for Variant 2. Variant 3 and Family First for pre-existing conditions ~ a 30-day Initial waiting period for Variant 2. Variant 3 and Family First for pre-existing conditions ~ a 30-day Initial waiting period for Variant 2. Variant 3 and Family First for pre-existing conditions ~ a 30-day Initial waiting period for Variant 3 and Family First for pre-existing conditions ~ a 30-day Initial

Up to 4 children are allowed • Family First - Policy offers coverage for 19 realtionships as mentioned below

^{1.} Legally married spouse as long as he or she continues to be married to You 2. Son 3. Daughter in law 4. Daughter in law as long as Your spouse continues to be married to You 9. Grandfather 10. Grandmother

^{11.} Grandson 12. Granddaughter 13. Son-in-law 14. Brother 15. Sister 16. Sister-in-law 17. Brother-in-law 18. Nephew 19. Niece

Zone 1- Delhi (NCR): Mumbai including Suburbs, Chennai, Bengaluru, Hyderabad, Kolkata, Pune, Ahmedabad, Surat

one 2 - Rest of India

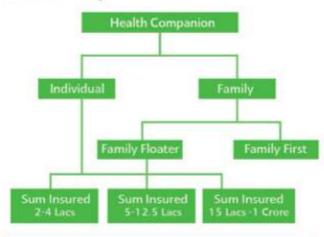
^[7] Hospital Cash - Minimum 48 hrs of continuous hospitalisation required. Maximum coverage offered for 30 days/policy year. Payment made from day one subject to hospitalisation claim being admissible.

Max Bupa Health Insurance Company Limited IRDA registration no. 145. For more details on Lems and conditions, exclusions, risk factors and waiting period, please read sales brochure of Health Insurance Policy before concluding a sale, Insurance is the subject matter of solicitation.

CHOOSE YOUR PLAN SMARTLY

Your Max Bupa Health Companion has been structured in a way so that you can choose your plan according to your family's needs. The first criteria to choose from is between an Individual and Family cover plan. The Family cover is further available in two options:

Family Floater & Family First. Under the Individual and Family Floater plans you can choose between three variants (please refer to graph) of cover. based on the sum insured. Here is a tree-plan for a better understanding.



FAMILY FLOATER PLAN

This plan is suitable for a nuclear family, but the premium for this plan depends on the age of the eldest insured member. It is available in the following combinations:

1 Adult • 1 Child	
1 Adult + 2 Children	
1 Adult + 3 Children	_
1 Adult • 4 Children	_
2 Adults	
2 Adults + 1 Child	
2 Adults + 2 Children	
2 Adults + 3 Children	
2 Adults + 4 Children	



FAMILY FIRST PLAN

This is a unique plan which has been designed keeping in mind the health insurance needs of an Indian joint family. It covers you and up to 19 relationships in your family. With this plan your entire family is covered at two levels.

Individual Sum Insured: This cover provides an individual sum insured for each member of the family which is the same for each family member.

Floater Sum Insured: This cover is available as a pool for all family members and can be used by any member once his individual sum insured is exhausted. This provides flexibility for families to decide their optimal cover and get comprehensive coverage for each member.

Family first is one of the most affordable family covers in the market. making it a smarter choice for your family.

This plan can cover any of these relationships:

Self	Grandfather
Spouse	Grandmother
Son	Grandson
Daughter in-law	Granddaughter
Daughter	Brother
Son-in-law	Sister
Father	Sister-in-law
Mother	Brother-in-law
Father in law	Nephew
Mother-in-law	Niece

SMART TOP-UP OPTION

It becomes really difficult to decide how much cover is adequate. A cover which we find sufficient today becomes inadequate tomorrow due to the rising medical inflation. At the same time buying a large insurance cover with your current policy may not be affordable or available.

Our Top-up plan is an additional coverage offered to you with a threshold limit. It comes into effect only when your total claim in the same year surpasses the threshold limit of your existing policy.

Why is Top up important?

Top-up is important as it takes care of the void between your existing coverage and the actual cost incurred on hospitalisation during the year.

When it makes sense?

It makes sense when you want to increase your total coverage without paying much. While anybody can buy our Top-up at any time, however, it is not advisable unless you have bought a base health insurance cover or the coverage offered by your employer is at least equal to the chosen threshold limit of our Top-up.

LET US UNDERSTAND WITH AN EXAMPLE:

Policies with you	Policy A: Employer/Regular health insurance policy with SI of Rs. 5 lacs. Policy B: Health Companion Top-Up with SI of Rs. 1 0 lacs and threshold laggregate deductible) limit of Rs. 5 lacs.
Situation 1: A single claim of Rs.7 lacs	Policy A will pay Rs. 5 lacs Policy B will pay remaining Rs. 2 lacs as the threshold limit is crossed.
Situation 2: 2 claims in a year amounting to Rs.3 lacs each	Policy A will pay Rs 3 lacs for the first claim and Rs.2 lacs for the second claim Policy B will pay remaining 1 lac since the total claim in the year crosses the threshold limit
Situation 3: 2 claims in a year, one amounting to Rs.6 lacs and the 2nd amounting to Rs. 3 lacs in the same year	Policy A will pay Rs 5 lacs for the first claim. Policy B will pay Rs1 lac for the first claim and remaining Rs.3 lacs for the 2nd claim since the total claim in the year crosses the threshold limit.

WHAT IS NOT COVERED

Pre-Existing Diseases: For Individual & Family Floater, benefits will not be available for Pre-existing Diseases for sum insured up to Rs. 4 lacs until 48 months have elapsed since inception of the first policy. For sum insured Rs. 5 lac and onwards and Family First plan such benefits shall be available after 36 months of continuous coverage have elapsed since the inception of the first Policy with us.

30-Days Waiting Period: We will not cover any treatment taken during the first 30 days since the commencement of the Policy, unless the treatment needed is a result of an Accident. This waiting period does not apply for any subsequent and continuous renewals of your Policy.

Specific Waiting Period: For all insured persons 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: · Stones in biliary and urinary systems · Lumps / cysts / nodules / polyps / internal tumours . Gastric and Duodenal Ulcers . Surgery on tonsils / adenoids • Osteoarthrosis / Arthritis / Gout / Rheumatism / Spondylosis / Spondylitis / Intervertebral Disc Prolapse · Cataract · Fissure / Fistula / Haemorrhoids · Hernia / Hydrocele · Chronic Renal Failure or end stage Renal Failure · Sinusitis / Deviated Nasal Septum / Tympanoplasty / Chronic Suppurative Otitis Media · Benign Prostatic Hypertrophy · Knee/Hip Joint replacement · Dilatation and Curettage · Varicose veins · Dysfunctional Uterine Bleeding / Fibroids / Prolapse Uterus / Endometriosis · Diabetes and related complications · Hysterectomy for any benign disorder

Permanent Exclusions: Addictive conditions and disorders. Ageing and puberty: Artificial life maintenance. Circumcision. Dental/oral treatment. Conflict and disaster. Congenital conditions. Convalescence and rehabilitation. Cosmetic surgery. Drugs and dressings for OPD Treatment or take-home use. Eyesight. Unproven/Experimental treatment, Health hydros, Nature cure. Wellness clinics etc., HIV and AID. Obesity. Hereditary conditions (specified). Items of personal comfort and convenience, including but not limited to the list as mentioned in the policy wording. Alternative treatment. Psychiatric and Psychosomatic conditions. OPD treatment. Stem cell implantation. Ancillary hospital charges. Preventive care, Treatment for Alopecia, Unrelated diagnostic, X-ray or laboratory examinations. Charges for medical papers. Reproductive medicine. Self-inflicted injuries. Sexual problems and gender issues. Sexually transmitted diseases. Unrecognized physician or hospital. Sleep disorders.

Speech disorders. Treatment for developmental problems, Treatment received outside India. Hospitalisation undertaken for observation or for investigations only and where no medical treatment is provided. Active participation in adventure or hazardous sports including but. not limited to para-jumping, rock climbing, mountaineering, motor racing, horse racing or deep-sea diving. Unlawful activity. Any costs or expenses specified in the list of expenses generally excluded at Annexure.

MAKE A SMART MOVE TODAY

If you would like to find out more, or would like a personal quote. please speak to our specially trained sales team or your Max Bupa advisor. We are available to fully understand your requirements. and help you select the right plan for you and your family.



Website: www.maxbupa.com



Like us on facebook



24x7 Toll-Free No.: 1800-3010-3333



follow us on twitter

Max Bupa Health Insurance Company Limited Corporate Office: Block B1/I-2, Mohan Cooperative Industrial Estate, Mathura Road, New Delhi -110044 Registered Office: Max House, 1, Dr. Jha Marg, Okhla, New Delhi - 110 020. www.maxbupa.com

Disclaimer: Insurance is the subject matter of solicitation. Max Bupa Health Insurance Company Limited IRDA registration no. 145. For more details on terms and conditions, exclusions, risk factors and waiting period. please read sales brochure Health Companion Health Insurance Policy before concluding a sale.

Max', Max Logo, 'Bupa' and HEARTBEAT logo are trademarks of their respective owners and are being used by Max Bupa Health Insurance Company Limited under license. UAN No: MB/PB/2014-2015/374.*The tax benefits are subject to changes in tax laws. Please consult your tax advisor for more details.