

# Little things make a big difference.



## Presenting 'Heartbeat' Health Insurance Plan

A comprehensive cover that pays attention  
to the finer details:



Comprehensive  
pre & post hospitalisation  
coverage



Annual health  
check up



Maternity and  
new born benefits



Alternative  
treatments



Cashless claims  
processed within 30\*\* minutes



HEALTH INSURANCE

Our families are the centre of our existence. We all aspire to give them the best life possible. A good health insurance policy is a step in this direction. Not only does it ensure access to the best medical care in times of need, it also safeguards our financial savings. In Heartbeat, you have a plan that understands your family's healthcare needs and takes care of them just like you would. It comes with a plethora of unmatched features so that your family enjoys the most comprehensive protection at all times. Simple, easy-to-understand and with unbeatable service, this is the one of the best plans available.

## Why Heartbeat is the right health cover for your family

### 1. Comprehensive Protection\*

- Covers ranging from ₹ 5 lacs to ₹ 1 crore
- Up to 19 relationships covered in one policy
- Pre & post hospitalisation coverage
- No room rent capping for Gold/Platinum Plans
- Maternity benefits
- All day care treatments covered
- Alternative treatments like Ayurveda & Unani covered

\*As per product benefit table.



## 2. Cashless facility

We process all cashless claims within 30\*\* minutes at over 3500 quality hospitals in our network.

## 3. Hospitalisation expenses

We take care of your room rental expenses up to the sum insured for Gold and Platinum Plans (except for Suite or above room category). Pre and post hospitalisation expenses are covered up to the sum insured, 60 days prior and 90 days post hospitalisation.

## 4. Maternity and newborn child benefits

Heartbeat provides you maternity benefits for up to two deliveries. The benefit is available to the insured after two years of continuous coverage.

The newborn baby is automatically covered from day 1 up to sum insured until the next renewal of the plan. First year vaccinations for the newborn are covered as well. These benefits cannot be availed under an individual policy.

## 5. Health check up

We provide health check-up to our customers as per the applicable plan as specified in the Product Benefits Table. For Gold and Platinum plans, customers can choose the diagnostic tests they want to undergo up to the limit applicable as specified in the Product Benefits Table. The Policy needs to be renewed with us without a break or the Policy needs to be in force for the second Policy Year in the 2 year Policy Period (if applicable).

## 6. Loyalty benefits

### Increase Sum Insured

- You will get 10% of expiring base sum insured each policy year
- The additional sum insured can be accumulated maximum up to 100% of base Sum Insured for Gold and Platinum plan and 50% of base Sum Insured for Silver plan. This benefit is applicable irrespective of claim status

**Example:** Mr. Ravi buys a Heartbeat Gold cover for ₹ 5 lacs in year 1. In year 2, his sum insured will increase to ₹ 5.5 lacs, even if he makes a claim in year 1. Likewise, his cover would keep on increasing by 10%, year on year (₹ 6 lacs in year 3, ₹ 6.5 lacs in year 4) till 100% of base sum insured.

## 7. Hospital cash

A trip to the hospital involves more than merely using the doctor's services and hospital facilities. You are bound to run up numerous 'non-medical' expenses such as transportation, attendant's cost and other daily expenses that you may not be able to foresee. To meet these expenses we have now introduced this benefit as an option for you.

## 8. Discount on two year plan

When you take a policy for two years, you get 12.5% discount on the second year premium.

## 9. Optional Co-payment

To make your premium more affordable you can avail co-payment options of 10% and 20%.

## 10. Room rent capping

For Gold and Platinum plan there is no capping on the room rent and it is covered upto the Sum Insured. You can choose any room type/category (except suite or above for Gold plan).



### More reasons to choose Heartbeat

- We process your claim directly and not via a third party
- We have no age restriction and can cover your family members at any age
- 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 covered provided claim is admissible under policy
- We take care of your medical expenses incurred upto 60 days immediately before hospitalisation and 90 days after discharge from the hospital
- We cover costs incurred towards Emergency Ambulance

## Choose your plan

Your Heartbeat plan can be customised according to your needs. It allows you to choose between an individual and family cover. The family cover is further available in two options - Family Floater and Family First.

### Family Floater

This option is suitable for a nuclear family and is available in the following combinations: 1 Adult +1 Child, 1 Adult +2 Children, 1 Adult +3 Children, 1 Adult +4 Children, 2 Adult, 2 Adult +1 Child, 2 Adult +2 Children, 2 Adult +3 Children, 2 Adult +4 Children. The premium for Family Floater plan depends on the age of the eldest insured member.

### Family First

A first of its kind plan, which has been designed keeping in mind the health insurance needs of the Indian joint family. It covers not just you but up to 19 relationships in your family. Your family is covered at two levels:

#### 1. Individual Sum Insured:

This cover provides an individual Sum Insured for each member of the family. The Individual Sum Insured is the same for each of the family members.

#### 2. 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.

# Product Benefit Table for Heartbeat Individual, Family Floater and Family First Plans (All limits in ₹ unless defined as percentage)

	Heartbeat Individual and Family Floater - Gold Plan							Benefit Table – Heartbeat Family First - Silver Plan			Benefit Table – Heartbeat Family First - Gold Plan		
Base Sum Insured (in ₹)	5 lacs	7.5 lacs	10 lacs	15 lacs	20 lacs	30 lacs	50 lacs	1 lacs, 2 lacs, 3 lacs, 4 lacs & 5 lacs per Insured Person			1 lacs, 2 lacs, 3 lacs, 4 lacs, 5 lacs, 10 lacs & 15 lacs per Insured Person		
								Floater Sum Insured (available on a floating basis over Base Sum Insured): 3 lacs, 4 lacs, 5 lacs, 10 lacs & 15 lacs.			Floater Sum Insured (available on a floating basis over Base Sum Insured): 3 lacs, 4 lacs, 5 lacs, 10 lacs & 15 lacs, 20 lacs, 30 lacs & 50 lacs		
<b>In-patient care</b>													
Nursing charges for Hospitalisation as an inpatient excluding Private Nursing charges	Covered up to Sum Insured							Covered up to Sum Insured			Covered up to Sum Insured		
Medical Practitioners' fees, excluding any charges or fees for Standby Services													
Medicines, drugs and consumables													
Physiotherapy, investigation and diagnostics procedures directly related to the current admission													
Medicines, drugs as prescribed by the treating Medical Practitioner													
Intravenous fluids, blood transfusion, injection administration charges and /or consumables													
Operation theatre charges													
The cost of prosthetics and other devices or equipment if implanted internally during Surgery													
Intensive Care Unit charges													
Room rent													
Pre-Hospitalisation Medical Expenses (60 days)	Covered up to Sum Insured							Covered up to Sum Insured			Covered up to Sum Insured		
Post-Hospitalisation Medical Expenses (90 days)	Covered up to Sum Insured							Covered up to Sum Insured			Covered up to Sum Insured		
Alternative Treatment	Covered up to Sum Insured							Covered up to Sum Insured			Covered up to Sum Insured		
Day Care Treatment	Covered up to Sum Insured							Covered up to Sum Insured			Covered up to Sum Insured		
Domiciliary Hospitalisation	Covered up to Sum Insured							Covered up to Sum Insured			Covered up to Sum Insured		
Maternity Benefit (covered for up to 2 pregnancies or terminations) <sup>(1)</sup>	Covered up to ₹ 40,000	Covered up to ₹ 60,000	Covered up to ₹ 70,000	Covered up to ₹ 75,000	Covered up to ₹ 80,000	Covered up to ₹ 1,00,000	Covered up to ₹ 1,00,000	Covered up to ₹ 35,000 per Policy Year			Covered up to ₹ 50,000 per Policy Year		
New Born Baby (covered uptill the end of Policy Year) <sup>(1)</sup>	Covered up to Sum Insured							Covered up to Sum Insured			Covered up to Sum Insured		
Vaccination of the new born baby	Covered until new born baby completes one year vaccinations (as mentioned in the policy document)							Covered until new born baby completes one year vaccinations (as mentioned in the policy document)			Covered until new born baby completes one year vaccinations (as mentioned in the policy document)		
Living Organ Donor Transplant	Covered up to Sum Insured							Covered up to Sum Insured			Covered up to Sum Insured		
Emergency Ambulance	Network Hospital: Covered up to Sum Insured Non-network Hospital: Covered up to ₹ 2,000 per event							Network Hospital: Covered up to Sum Insured Non-network Hospital: Covered up to ₹ 2,000 per event			Network Hospital: Covered up to Sum Insured Non-network Hospital: Covered up to ₹ 2,000 per event		
<b>Policy value added benefits</b>													
Loyalty Additions	Increase of 10% of expiring Base Sum Insured in a Policy Year; maximum up to 100% of Base Sum Insured							Increase of 10% of expiring Base Sum Insured in a Policy Year; maximum up to 50% of Base Sum Insured			Increase of 10% of expiring Base Sum Insured in a Policy Year; maximum up to 100% of Base Sum Insured		
Health Check-up <sup>(2)</sup>	Annually covered up to ₹ 1,250 per insured person	Annually covered up to ₹ 1,875 per insured person	Annually covered up to ₹ 2,500 per insured person	Annually covered up to ₹ 2,500 per insured person	Annually covered up to ₹ 2,500 per insured person	Annually covered up to ₹ 2,500 per insured person	Annually covered up to ₹ 2,500 per insured person	Once in two years, tests as mentioned in the policy document			Annual tests covered up to ₹ 2,500 per Insured Person		
<b>Optional Benefits</b>													
Hospital Cash <sup>(3)</sup>	₹ 3,000/day							₹ 1,500/day			₹ 3,000/day		
<b>Claim cost sharing options</b>													
Co-payment	Options of 10% and 20% co-payment							Options of 10% and 20% co-payment			Options of 10% and 20% co-payment		

(1) subject to a continuous coverage of 24 months of that Insured Person since the inception of the first Policy which offers Maternity benefit with Us. (2) If the Policy is Renewed with Us without a break or if the Policy continues to be in force for the 2nd Policy Year in the 2 year Policy Period (if applicable) (3) Hospital Cash - Minimum 48 hrs of continuous hospitalisation required. Maximum coverage offered for 30 days/policy year/insured person. Payment made from day one subject to hospitalization claim being admissible.

This provides flexibility for families to decide their optimal cover, and get comprehensive coverage for each member. Any of the following relationships can be covered in this plan.

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

## **Experience the premium standard of Health Insurance with our Platinum plan**

### **I. International Coverage - Specified illness cover for treatment abroad:**

Our platinum customers can avail treatment abroad for 9 specified illnesses. These specified illnesses include critical illnesses like Cancer, Myocardial Infarction (Heart Attack), Coronary Artery Bypass Graft (CABG), Major Organ Transplant, Stroke, Surgery of Aorta, Coronary Angioplasty, Primary Pulmonary Arterial Hypertension, and Brain Surgery. They are covered if detected in India by a Medical practitioner within the policy period on cashless basis.

### **II. Emergency Medical Evacuation and Hospitalisation:**

We also cover evacuation and hospitalisation for medical emergencies outside India as per terms and conditions.

### III. OPD Treatment and Diagnostic Services

We cover charges incurred for OPD treatment and/or diagnostic services and/or prescribed medicines for the OPD treatment as per terms and conditions.

### IV. Second Medical Opinion

Our platinum policy holders can obtain a second medical opinion, if they are diagnosed with a specified illness or are planning to undergo a planned surgery as per terms and conditions.



# Product Benefit Table for Heartbeat Platinum Plans (All limits in ` unless defined as percentage)

Base Sum Insured (in `)	Heartbeat Individual and Family Floater - Platinum Plan				Heartbeat Family First - Platinum Plan
	15 lacs	20 lacs	50 lacs	1 Cr	Base Sum Insured: 5 lacs, 10 lacs & 15 lacs per Insured Person Floater Sum Insured (available on a floating basis over Base Sum Insured): 15 lacs, 20 lacs, 30 lacs & 50 lacs.
<b>In-patient care</b>					
Nursing charges for Hospitalisation as an inpatient excluding Private Nursing charges	Covered up to Sum Insured				Covered up to Sum Insured
Medical Practitioners' fees, excluding any charges or fees for Standby Services					
Medicines, drugs and consumables					
Physiotherapy, investigation and diagnostics procedures directly related to the current admission					
Medicines, drugs as prescribed by the treating Medical Practitioner					
Intravenous fluids, blood transfusion, injection administration charges and /or consumables					
Operation theatre charges					
The cost of prosthetics and other devices or equipment if implanted internally during Surgery					
Intensive Care Unit charges					
Room rent					
Pre-Hospitalisation Medical Expenses (60 days)	Covered up to Sum Insured				Covered up to Sum Insured
Post-Hospitalisation Medical Expenses (90 days)	Covered up to Sum Insured				Covered up to Sum Insured
Alternative Treatment	Covered up to Sum Insured				Covered up to Sum Insured
Day Care Treatment	Covered up to Sum Insured				Covered up to Sum Insured
Domiciliary Hospitalisation	Covered up to Sum Insured				Covered up to Sum Insured
Maternity Benefit (covered for up to 2 pregnancies or terminations) <sup>(1)</sup>	Covered up to ₹ 120,000	Covered up to ₹ 160,000	Covered up to ₹ 200,000	Covered up to ₹ 200,000	Covered up to ₹ 100,000
New Born Baby (covered uptill the end of Policy Year) <sup>(1)</sup>	Covered up to Sum Insured				Covered up to Sum Insured
Vaccination of the new born baby	Covered until new born baby completes one year vaccinations (as mentioned in the policy document)				Covered until new born baby completes one year vaccinations (as mentioned in the policy document)
Living Organ Donor Transplant	Covered up to Sum Insured				Covered up to Sum Insured
Emergency Ambulance	Network Hospital: Covered up to Sum Insured Non-network Hospital: Covered up to ₹ 2,000 per event				Network Hospital: Covered up to Sum Insured Non-network Hospital: Covered up to ₹ 2,000 per event
<b>Additional benefits</b>					
OPD Treatment and Diagnostic Services	Covered up to ₹ 15,000	Covered up to ₹ 20,000	Covered up to ₹ 35,000	Covered up to ₹ 50,000	Covered up to ₹ 35,000
Child Care Benefits (Vaccinations for children up to 12 years including one consultation for nutrition and growth during the visit for vaccination)	Covered up to Sum Insured (as mentioned in the policy document)				Covered up to Sum Insured (as mentioned in the policy document)
Emergency Medical Evacuation	Covered up to Sum Insured				Covered up to Sum Insured
Outside the geographical boundaries of India	Covered up to Sum Insured (for worldwide excluding USA & Canada)				Covered up to Sum Insured (for worldwide excluding USA & Canada)
Within the geographical boundaries of India	Covered up to Sum Insured (only by air ambulance or commercial flight)				Covered up to Sum Insured (only by air ambulance or commercial flight)
Emergency Hospitalization (outside the geographical boundaries of India)	Covered up to Sum Insured (for worldwide excluding USA & Canada)				Covered up to Sum Insured (for worldwide excluding USA & Canada)
Specified Illness Cover (outside the geographical boundaries of India) <sup>(2)</sup>	Covered up to Sum Insured (for worldwide excluding USA & Canada)				Covered up to Sum Insured (for worldwide excluding USA & Canada)
Second Medical Opinion	Covered, One opinion per Insured Person per Specified Illness / planned Surgery / Surgical Procedure				Covered, One opinion per Insured Person per Specified Illness / planned Surgery / Surgical Procedure
<b>Policy value added benefits</b>					
Loyalty Additions	Increase of 10% of expiring Base Sum Insured in a Policy Year; maximum up to 100% of Base Sum Insured				Increase of 10% of expiring Base Sum Insured in a Policy Year; maximum up to 100% of Base Sum Insured
Health Check-up <sup>(3)</sup>	Annually covered up to ₹ 3,750 per insured person	Annually covered up to ₹ 5,000 per insured person	Annually covered up to ₹ 5,000 per insured person	Annually covered up to ₹ 5,000 per insured person	Annual, tests covered up to ₹ 5000 per Insured Person
<b>Optional Benefits</b>					
Hospital Cash <sup>(4)</sup>	₹ 6,000/day				₹ 6,000/day
Enhanced Geographical Scope for International coverage	USA & Canada included for 'Emergency Medical Evacuation', 'Emergency Hospitalisation' & 'Specified illness cover'				USA & Canada included for 'Emergency Medical Evacuation', 'Emergency Hospitalization' & 'Specified illness cover'
<b>Claim cost sharing options</b>					
Co-payment	Options of 10% and 20% co-payment				Options of 10% and 20% co-payment

(1) subject to a continuous coverage of 24 months of that Insured Person since the inception of the first Policy which offers Maternity benefit with Us. (2) The symptoms of the Specified Illness first occur or manifest itself during the Policy Period and after completion of the 90 day from the inception of 1st Policy with Us. (3) If the Policy is Renewed with Us without a break or if the Policy continues to be in force for the 2nd Policy Year in the 2 year Policy Period (if applicable) (4) Hospital Cash - Minimum 48 hrs of continuous hospitalization required. Maximum coverage offered for 30 days/policy year/insured person. Payment made from day one subject to hospitalization claim being admissible.

## What is not covered?

- **Pre-existing conditions:**

Benefits will not be available for pre existing conditions as per your policy plan.

**Gold & Platinum plan:** until 24 months of continuous coverage from first policy start date.

**Silver plan:** until 48 months of continuous coverage from first policy start date.

- **30 days initial waiting period:**

We will not cover treatment during the first 30 days of the plan, unless the treatment needed is a result of an accident. This waiting period does not apply for renewal policies.

- **Specific waiting periods:**

There is no specific waiting period for people aged 45 years and below. For persons above 45 years of age, some conditions will be subject to a waiting period of 24 months.

- **Permanent exclusions:**

Ancillary hospital charges; hazardous activities; artificial life maintenance; autoimmune disorders; behavioral, neurodevelopmental and neurodegenerative disorders; circumcision; complementary & alternative medicine; conflict & disaster related injury or illness; screening, counseling or treatment related

to external congenital anomaly; hereditary or genetic disorders; convalescence & rehabilitation; cosmetic and reconstructive surgery; dental/oral treatment; eyesight & optical services; experimental/investigational or unproven treatment; HIV, AIDS, and related complex; admission solely for the purpose of physiotherapy, evaluation, investigations, diagnosis or observation services or not consistent with standard treatment guidelines (as defined by clinical establishments (registration and regulation) act 2010 and amendments thereafter) or evidence based clinical practices; inconsistent, irrelevant or incidental diagnostic procedures; mental and psychiatric conditions; non-medical expenses; obesity and weight control programs; off label drug or treatment; puberty and menopause related disorders; reproductive medicine & other maternity expenses: birth control, assisted reproduction, sexual disorders and erectile dysfunction; robotic assisted surgery; light amplification by stimulated emission of radiation (laser) & light based treatment; sexually transmitted infections & diseases; sleep disorders; substance related and addictive disorders; traffic offences & unlawful activity; treatment received outside India any treatment or medical services received outside India except for treatment undertaken under Emergency Medical Evacuation outside the geographical boundaries of India, emergency hospitalisation outside the geographical boundaries

of India and Specified Illness cover outside the geographical boundaries of India; treatment or medical advice by unrecognised physician or hospital; generally excluded expenses.

## **What's the next step?**

Please speak to our specially trained sales team or your Max Bupa advisor. We will help you understand your requirements and select the right plan for you and your family.



## How to reach us?



Website:  
[www.maxbupa.com](http://www.maxbupa.com)



Like us on facebook  
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24x7 Toll-Free No.  
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UIN MB/BR/2016-2017/879

Product UIN No.: IRDA/NL-HLT/MBHI/P-H/V.III/19/16-17

Product name: Heartbeat

IRDA Registration Number 145

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**Disclaimer:** This is only a summary of the product features and is for reference purpose only. The details of benefits available shall be as described in the prospectus, and will be subject to the policy terms, conditions and exclusions. Please call our customer service if you require any further information or clarification.

\*\*Max Bupa processes pre- authorisation within 30 minutes for all active policies, subject to receiving all documents and information(s) upto Max Bupa's satisfaction. The above commitment does not include pre-authorisation settlement at the time of discharge or system outage.

\*\*\*Tax benefits are subject to changes in tax laws. Please consult your tax advisor for more details.

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**Statutory Warning:** Prohibition of rebates (under section 41 of Insurance Act 1938); no person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to life or property, in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or the tables of the insurer. Any person making default in complying with the provision of this section shall be punished with fine, which may extend to ten lakh rupees.