BAJAJ ALLIANZ

# EXTRA CARE PLUS

## A SUPER TOP UP PLAN TO TAKE CARE OF HIGHER MEDICAL EXPENSES

*Caringly yours*

BAJAJ | Allianz

CIN: U66010PN2000PLC015329 | UIN:BAJHLIP23069V032223

## INTRODUCTION

In the times of rising medical costs Bajaj Allianz's Extra Care Plus Policy acts as an additional cover to your existing health insurance cover and provides wider health protection for you and your family. In case of higher expenses due to illness or accidents, Extra Care Plus policy takes care of the additional expenses. It is important to consider the fact that with rising inflation the health insurance cover may not be adequate, at the same time buying a large insurance cover may not be affordable. This policy is a perfect fit for a wider health insurance cover to take care of the rising health care expenses.

A Simple and affordable solution to help ensure that you have an adequate Health Insurance Cover!

## WHAT ARE THE SPECIAL FEATURES OF EXTRA CARE PLUS POLICY?

- Floater policy for proposer/ spouse/ dependent children/dependent parents (dependent parents under same policy)
- Entry age 91 days to 80 years
- Wide range of sum insured and aggregate deductible options
- No pre-policy medical tests up to 55 years of age (subject to clean proposal form)
- Pre-existing disease covered after 12 months from your first Extra Care Plus policy
- In patient Hospitalisation cover
- Pre 60 days and post 90 days hospitalisation expenses cover
- Emergency road ambulance cover
- Option to opt for Air Ambulance Cover
- Day care procedures as defined under the policy
- Free health check up
- Maternity expenses including complications of maternity
- Income tax benefit under 80 D of the IT Act on premiums paid for this policy, subject to changes in the tax laws

## COVERAGE

## What is covered under Extra Care Plus Policy?

### 1 Medical Expenses

If You are hospitalized on the advice of a Doctor because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period, then We will pay You, Reasonable and Customary Medical Expenses incurred, subject to aggregate deductible as specified on the policy document

Aggregate deductible is a cost sharing requirement under this policy that provides that the company will not be liable for a specified rupee amount of the covered expenses, which will apply before any benefits are payable by the company. A deductible does not reduce the sum insured. The deductible is applicable in aggregate towards hospitalisation expenses incurred during the policy period

a. In patient Hospitalisation expenses:-

i. Room Rent/Boarding and Nursing Expenses
ii. ICU Rent/ Boarding and Nursing Expenses
iii. Fees of Medical Practitioner, Surgeon , Anaesthetist, Nurses and Specialist Doctor
iv. Operation theatre charges, Anesthesia, surgical appliances, diagnostic tests, medicines, blood, oxygen and cost of prosthetic and other devices or equipment if implanted internally like pacemaker during a surgical process

b. Pre-hospitalisation expenses

The medical expenses incurred in the 60 days immediately before you were hospitalised, provided that:

i. Such medical expenses were incurred for the same condition requiring subsequent Hospitalisation, and;
ii. We have accepted the claim underIn-Patient Hospitalisation expenses


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c. Post-hospitalisation expenses

The medical expenses incurred in the 90 days immediately after you were discharged, provided that:

i. Such medical expenses were in fact incurred for the same condition requiring earlier Hospitalisation, and;
ii. We have accepted the claim under In-Patient Hospitalisation expenses

d. Day care treatment

We will pay you the medical expenses as listed under In-patient Hospitalisation Expenses for Day care procedures / Surgeries taken as an inpatient in a hospital or day care centre but not in the outpatient department. List of Day Care Procedures is given in the annexure I of Policy wordings.

e. Modern Treatment Methods:

Modern Treatment Methods and Advancement in Technologies are covered up to Base Sum Insured, subject to policy terms, conditions, coverages, waiting periods and exclusions.

i. Uterine Artery Embolization and HIFU
ii. Balloon Sinuplasty
iii. Deep Brain stimulation
iv. Oral chemotherapy
v. Immunotherapy- Monoclonal Antibody to be given as injection
vi. Intra vitreal injections
vii. Robotic surgeries
viii. Stereotactic radio surgeries
ix. Bronchical Thermoplasty
x. Vaporisation of the prostrate (Green laser treatment or holmium laser treatment)
xi. IONM -(Intra Operative Neuro Monitoring)
xii. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

## 2. Maternity Expenses:

We will pay the Medical Expenses related to pregnancy, childbirth or medically recommended and lawful termination of pregnancy, limited to maximum 2 deliveries or termination(s) or either, during the lifetime of the insured person as below:-.

i. We will cover the Medical expenses for maternity including complications of maternity over and above the aggregate deductible limit as specified under the policy schedule
ii. We will also cover expenses towards lawful medical termination of pregnancy during the Policy period.
iii. In patient Hospitalization Expenses of pre-natal and post-natal hospitalization
iv. Waiting Period of 12 months from the date of inception of the first Extra Care Plus Policy with us. However this 12 months exclusion would not be applicable in case of continuous renewal of Extra Care Plus Policy without break in cover.

## 3. Ambulance Expenses

If a claim under Medical Expenses is accepted, We will also pay the ambulance expenses to a maximum of Rs3000/- per valid hospitalization claim for transferring You/Your family member(s) named in the schedule to or between Hospitals in the Hospital's ambulance or in an ambulance provided by any ambulance service provider.

## 4. Organ Donor Expenses

We will pay for Medical treatment of the organ donor for harvesting the organ i.e. including surgery to remove organs from a donor provided that,

i. The organ donor is any person whose organ has been made available in accordance and in compliance with THE TRANSPLANTATION OF HUMAN ORGANS (AMENDMENT) BILL, 2011
ii. The organ donated is for the use of the Insured Person, and
iii. We have accepted an inpatient Hospitalisation claim for the insured member under Medical expenses section

Specific exclusions:

1. Claims which have NOT been admitted under Medical expenses section
2. Claims not in compliance with THE TRANSPLANTATION OF HUMAN ORGANS (AMENDMENT) BILL, 2011
3. The organ donors Pre and Post-Hospitalisation expenses.

Additional benefits (Additional benefits for which aggregate deductible is not applicable)

**4. Free Medical Check-up**

At the end of every continuous period of 3 years during which You have held Extra Care Plus policy with us, We will reimburse the free medical checkup expenses as below

- The actual amount of medical checkup expenses up to Rs. 1000/- for policy covering 1 member.
- The actual amount of medical checkup expenses up to Rs. 2000/- for policies covering more than 1 member under the same policy.

For the avoidance of doubt, We shall only be liable for medical check up expenses and any other cost incurred such as for transportation, accommodation, food or sustenance shall not be payable by us.

## ■ OPTIONAL COVER:

1. Air Ambulance Cover

In consideration of payment of additional premium by the Insured to the Company and realization thereof by the Company, it is hereby agreed and declared that Extra Care Plus Policy is extended to pay the expenses incurred for ambulance transportation in an airplane or helicopter for rapid ambulance transportation from the site of first occurrence of the illness / accident to the nearest hospital during policy period which directly and independently of all other causes results in emergency life threatening health conditions provided such hospitalization claim is admissible under the Extra Care Policy. The claim would be reimbursed up to the actual expenses subject to a maximum limit as specified under the Air Ambulance Cover in the Policy Schedule, subject otherwise to all other terms, conditions and Exclusions of the Policy.

Specific Conditions Applicable to Air Ambulance Cover:

1. Return transportation to the Insured's home by air ambulance is excluded.
2. Such air ambulance should have been duly licensed to operate as such by competent authorities of the Government/s.
3. Deductible will not be applied on the claim admissible under Air Ambulance cover

## ■ WHAT ARE THE EXCLUSIONS AND WAITING PERIOD UNDER THE POLICY?

### I. Waiting Period

A. Pre-Existing Diseases - Code- Excl01

a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 12 months of continuous coverage after the date of inception of the first Extra Care Plus policy with us.
b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
c. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations then waiting period for the same would be reduced to the extent of prior coverage.
d. Coverage under the policy after the expiry of 12 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.

B. Specified disease/procedure waiting period- Code- Excl02

a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 12 months of continuous coverage after the date of inception of the first Extra Care Plus policy with us. This exclusion shall not be applicable for claims arising due to an accident.
b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
c. If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
d. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.

e. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

f. List of specific diseases/procedures

| | |
|---|---|
| 1. Any types of gastric or duodenal ulcers, | 11. Hernia of all types |
| 2. Benign prostatic hypertrophy | 12. Fistulae, Fissure in ano |
| 3. All types of sinuses | 13. Hydrocele |
| 4. Haemorrhoids | 14. Fibromyoma |
| 5. Dysfunctional uterine bleeding | 15. Hysterectomy |
| 6. Endometriosis | 16. Surgery for any skin ailment |
| 7. Stones in the urinary and biliary systems | 17. Surgery on all internal or external tumours/ cysts/ nodules/polyps of any kind including breast lumps with exception of Malignant tumor or growth. |
| 8. Surgery on ears/tonsils/adenoids/paranasal sinuses | 18. All Joint Replacement surgeries |
| 9. Surgery for intervertebral disc disorders | 19. Internal Congenital |
| 10. Cataracts | |

C. 30-day waiting period- Code- Excl03

a. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.

b. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.

c. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

## II. Waiting Period for Maternity Expenses

1. Any treatment arising from or traceable to pregnancy, child birth including cesarean section and/or any treatment related to pre and postnatal care and complications arising out of Pregnancy and Childbirth until 12 months continuous period has elapsed since the inception of the first Extra Care Plus with US. However this exclusion will not apply to Ectopic Pregnancy proved by diagnostic means and certified to be life threatening by the attending medical practitioner.

## III. General Exclusion

1. We are not liable for claim(s) amount falling within Aggregate Deductible limit as opted and mentioned on the policy schedule.
2. Any Medical Expenses of the new born baby
3. Dental treatment or surgery of any kind unless requiring hospitalisation and as a result of accidental Bodily Injury to natural teeth.
4. Investigation & Evaluation (Excl04)

a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded even if the same requires confinement at a Hospital.

b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

5. Rest Cure, rehabilitation and respite care (Excl05)

Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.

ii. Any services for people who are terminally ill to address medical, physical, social, emotional and spiritual needs.

6. Obesity/Weight Control (Excl06)
   Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
   1. Surgery to be conducted is upon the advice of the Doctor
   2. The surgery/Procedure conducted should be supported by clinical protocols
   3. The member has to be 18 years of age or older and
   4. Body Mass Index (BMI);
      a. greater than or equal to 40 or
      b. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
         i. Obesity-related cardiomyopathy
         ii. Coronary heart disease
         iii. Severe Sleep Apnea
         iv. Uncontrolled Type2 Diabetes
7. Change-of-gender treatments: (Excl07)
   Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex
8. Cosmetic or plastic Surgery (Excl08)
   Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
9. Hazardous or Adventure Sports (Excl09)
   Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.
10. Breach of law: (Excl10)
    Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
11. Excluded Providers: (Excl11)
    Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.
12. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Excl12)
13. Treatments received in heath hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or a Hospital where the Hospital has effectively become the Insured Person's home or permanent abode or where admission is arranged wholly or partly for domestic reasons. (Excl13)
14. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. (Excl14)
15. Refractive Error: (Excl15)
    Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.
16. Unproven Treatments: (Excl16)
    Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
17. Sterility and Infertility (Excl17)
    Expenses related to sterility and infertility. This includes:

i. Any type of contraception, sterilization
ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
iii. Gestational Surrogacy

iv. Reversal of sterilization

18. The cost of spectacles, contact lenses, hearing aids, crutches, artificial limbs, dentures, artificial teeth and all other external appliances and/or devices whether for diagnosis or treatment except for intrinsic fixtures used for orthopedic treatments such as plates and K-wires.
19. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority.
20. Circumcision unless required for the treatment of Illness or Accidental bodily injury, cosmetic or aesthetic treatments of any description, treatment or surgery for change of life/gender.
21. External medical equipment of any kind used at home as post Hospitalization care including cost of instrument used in the treatment of Sleep Apnoea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition.
22. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)
23. Vaccination or inoculation unless forming a part of post bite treatment or if medically necessary and forming a part of treatment recommended by the treating Medical practitioner.
24. All non-medical Items as per Annexure II
25. Any treatment received outside India is not covered under this Policy.
26. Treatment for any other system other than modern medicine (also known as Allopathy)
27. Venereal disease or any sexually transmitted disease or sickness.

## WHAT IS AGGREGATE DEDUCTIBLE?

Aggregate deductible is a cost sharing requirement under this policy that provides that the company will not be liable for a specified rupee amount of the covered expenses, which will apply before any benefits are payable by the company. A deductible does not reduce the sum insured. The deductible is applicable in aggregate towards hospitalisation expenses incurred during the policy period

## HOW DOES EXTRA CARE PLUS POLICY BENEFIT ME?

- In times of rising medical inflation Extra Care Plus acts as an additional cover to your existing health insurance cover.
- This policy can be opted even if there is no existing health insurance policy.
- Extra Care Plus policy pays the hospitalisation expenses incurred above the aggregate deductible opted by you. For Example-
  **Case:** Insured has opted a plan for 2 members, Sum Insured is Rs-10,00,000 and Deductible of Rs. 200000. The Policy Period is from 01-April-2017 to 31-March-2018

| Sum Insured: Rs. 10 Lacs ; Aggregate Deductible Opted: Rs. 2 Lacs | | | | | | |
|---|---|---|---|---|---|---|
| Claim details | Date of Hospitalisation | Total Claim Amount(inRs.) | Deductible Utilization(inRs.) | Balance deductible(inRs.) | Payable by insured(if any)(inRs.) | Payable under Extra Care PlusPolicy(inRs.) |
| Claim 1 | 10-Aug-2017 | 1,50,000 | 1,50,000 | 50,000 | 1,50,000 | 0 |
| Claim 2 | 10-Sep-2017 | 3,00,000 | 50,000 | 0 | 50,000 | 2,50,000 |
| Claim 3 | 10-Oct-2017 | 7,50,000 | 0 | 0 | 0 | 7,50,000 |

## WHO CAN BE COVERED UNDER THIS POLICY?

- Self, spouse, dependent children, dependent parents can be covered under this policy. A maximum of six members can be covered under single floater policy.

## WHAT IS THE ENTRY AGE UNDER THIS POLICY?

- Minimum entry age for proposer/ spouse/ dependent parents - 18 years
- Maximum Entry Age for proposer/ spouse/ dependent parents - 80 years
- Minimum Entry age for dependent Children - 3 months
- Maximum Entry Age for dependent Children - 25 years

## WHAT WILL BE THE RENEWAL AGE?

- For proposer/ spouse/ dependent parents: Life time Renewal
- For dependent children policy is renewable up to 35 years,

In both the cases, renewal will not be denied except on the grounds of Your moral hazard, misrepresentation, non- cooperation or fraud

## ELIGIBILITY

- Indian nationals residing in India would be considered for this policy.
- This policy can be opted by Non-Resident Indians also, provided premium is paid in Indian currency & by Indian Account only

## WHAT IS THE POLICY PERIOD?

1 Year, 2 Year & 3 Year

## DISCOUNT UNDER THE POLICY:

1. Long Term Policy Discount:

a. 4 % discount is applicable if policy is opted for 2 years

b. 8 % discount is applicable if policy is opted for 3 years

Note: This will not apply to policies where premium is paid in instalments.

2. Employee Discount:

20% discount on published premium rates to employees of Bajaj Allianz & its group companies, this discount is applicable only if the policy is booked in direct office code

## IS THERE ANY PRE-POLICY CHECKUP FOR ENROLLING UNDER THE POLICY?

Pre-policy Medical Examination criteria for new Proposals & Portability proposals

- No Medical tests up to 55 years, subject to no adverse health conditions
- Medical tests are applicable for members 56 years and above.
- The validity of the test reports would be 30 days from date of medical examination.
- If pre-policy checkup is conducted, 50% of the medical tests charges would be reimbursed, subject to acceptance of proposal and policy issuance.

| Age of the person to be insured | Sum Insured | Medical Examination |
|---|---|---|
| Up to 55 years | All Sum Insured options | No Medical Tests* |
| 56 years to 80 years | All Sum Insured options | Medical Tests required as listed below: Full Medical Report, ECG with reporting, FBG, CBC WITH ESR , Cholesterol, HDL Cholesterol, Triglycerides, Creatinine, GGTP, SGOT, SGPT, HbA1c, Urinalysis, Total Protein, Sr. Albumin, Sr. Globulin, A:G Ratio |

*Subject to no adverse health conditions

## WHEN CAN I ENHANCE MY SUM INSURED?

- Sum Insured enhancement will be allowed only at the time of renewals.

## FREE LOOK PERIOD

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

The insured person shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or


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ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or

iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

## RENEWAL OF POLICY

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.

a. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.

b. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.

c. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.

d. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.

e. No loading shall apply on renewals based on individual claims experience.

## CANCELLATION

i. The policyholder may cancel this policy by giving 15days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.

Cancellation grid for premium received on annual & long term basis and refund is as under

| Period in Risk | Premium Refund | | |
|---|---|---|---|
| | Policy Period 1Year | Policy Period 2Year | Policy Period 3Year |
| Within 15 Days | Pro Rata Refund | | |
| Exceeding 15 days but less than or equal to 3 months | 65.00% | 75.00% | 80.00% |
| Exceeding 3 months but less than or equal to 6 months | 45.00% | 65.00% | 75.00% |
| Exceeding 6 months but less than or equal to 12 months | 0.00% | 45.00% | 60.00% |
| Exceeding 12 months but less than or equal to 15 months | | 30.00% | 50.00% |
| Exceeding 15 months but less than or equal to 18 months | | 20.00% | 45.00% |
| Exceeding 18 months but less than or equal to 24 months | | 0.00% | 30.00% |
| Exceeding 24 months but less than or equal to 27 months | | | 20.00% |
| Exceeding 27 months but less than or equal to 30 months | | | 15.00% |
| Exceeding 30 months but less than or equal to 36 months | | | 0.00% |

Cancellation grid for premium received on instalment basis and refund is as under

The premium will be refunded as per the below table:

| Period in Risk (from latest instalment date) | Premium Refund | Premium Refund | Premium Refund |
|---|---|---|---|
| | % of Monthly Premium | % of quarterly Premium | % of Half Yearly Premium |
| Within 15 days from 1st Installment date | As per Free Look Period Condition | | |
| Exceeding 15 days but less than or equal to 3 months | No Refund | | 30% |
| Exceeding 3 months but less than or equal to 6 months | | | 0% |

Note:

- The first slab of Number of days "within 15 days" in above table is applicable only in case of new business.

  In case of renewal policies, period is risk "Exceeding 15 days but less than 3 months" should be read as "within 3 months".

  Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.

i. The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

## GRACE PERIOD

- The grace period is 30 days
- If hospitalisation of the member occurs during this grace period, the company will not be liable to make any payments if claims are made due to any treatment of illness/ailment/disease diagnosed or hospitalisation taking place.
- If the premium is not paid within 30 days of the due date of the first unpaid premium then the policy will be terminated.

## PORTABILITY

The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/ Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on portability, kindly refer the link https://www.irdai.gov.in/ADMINCMS/cms/Circulars_List.aspx?mid=3.2.3

## MIGRATION

The Insured beneficiary will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the Insured beneficiary will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

For Detailed Guidelines on migration, kindly refer the link https://www.irdai.gov.in/ADMINCMS/cms/Circulars_List.aspx?mid=3.2.3

## POSSIBILITY OF REVISION OF TERMS OF THE POLICY INCLUDING THE PREMIUM RATES

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected.

## WITHDRAWAL OF POLICY

i) In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.

ii) Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period. as per IRDAI guidelines, provided the policy has been maintained without a break.

## WHAT ARE THE SUM INSURED OPTIONS UNDER THE POLICY?

| Sum Insured (in INR) | Aggregate Deductible Options (in INR) | | | |
|---|---|---|---|---|
| 300000 | 200000 | - | - | - |
| 500000 | 200000 | 300000 | - | - |
| 1000000 | 200000 | 300000 | 500000 | - |
| 1500000 | - | 300000 | 500000 | - |
| 2000000 | - | 300000 | 500000 | 1000000 |
| 2500000 | - | 300000 | 500000 | 1000000 |
| 5000000 | - | 300000 | 500000 | 1000000 |

Air Ambulance Sum Insured options (Optional Cover)

| Base SI (In INR) | Air Ambulance SI (In INR) |
|---|---|
| 300000 | 200000 |
| 500000 | 500000 |
| 1000000 | 500000 |
| 1500000 | 1000000 |
| 2000000 | 1000000 |
| 2500000 | 1000000 |
| 5000000 | 1000000 |

## PREMIUM CHART

Note: In case of policy issued on Floater Basis, age of the oldest member of the family will be considered for premium calculation.

Premiums are exclusive of GST

FAMILY SIZE: 1 MEMBER

| Sum Insured (in INR) | 300000 | 500000 | | 1000000 | | | 1500000 | | 2000000 | | | 2500000 | | | 5000000 | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Age/ deductible | 200000 | 200000 | 300000 | 200000 | 300000 | 500000 | 300000 | 500000 | 300000 | 500000 | 1000000 | 300000 | 500000 | 1000000 | 300000 | 500000 | 1000000 |
| Upto 20 | 1,783 | 1,916 | 1,184 | 2,869 | 2,072 | 1,418 | 2,734 | 2,026 | 3,278 | 2,536 | 1,758 | 3,745 | 2,809 | 2,055 | 5,466 | 4,640 | 3,854 |
| 21-25 | 2,170 | 2,315 | 1,441 | 3,370 | 2,423 | 1,658 | 3,157 | 2,332 | 3,759 | 2,895 | 1,998 | 4,275 | 3,197 | 2,326 | 6,178 | 5,222 | 4,316 |
| 26-30 | 2,397 | 2,556 | 1,590 | 3,720 | 2,673 | 1,828 | 3,483 | 2,571 | 4,148 | 3,193 | 2,201 | 4,717 | 3,526 | 2,563 | 6,816 | 5,759 | 4,757 |
| 31-35 | 2,533 | 2,700 | 1,679 | 3,929 | 2,822 | 1,930 | 3,678 | 2,714 | 4,380 | 3,371 | 2,322 | 4,981 | 3,722 | 2,705 | 7,196 | 6,079 | 5,021 |
| 36-40 | 2,885 | 3,074 | 1,910 | 4,472 | 3,211 | 2,193 | 4,185 | 3,086 | 4,983 | 3,834 | 2,638 | 5,667 | 4,232 | 3,073 | 8,185 | 6,912 | 5,705 |
| 41-45 | 2,982 | 3,195 | 1,968 | 4,779 | 3,442 | 2,346 | 4,547 | 3,359 | 5,452 | 4,206 | 2,902 | 6,227 | 4,657 | 3,394 | 9,079 | 7,694 | 6,377 |
| 46-50 | 3,952 | 4,229 | 2,601 | 6,325 | 4,551 | 3,097 | 6,013 | 4,438 | 7,210 | 5,558 | 3,828 | 8,235 | 6,153 | 4,477 | 12,002 | 10,165 | 8,417 |
| 51-55 | 5,129 | 5,485 | 3,371 | 8,200 | 5,896 | 4,009 | 7,792 | 5,746 | 9,344 | 7,198 | 4,951 | 10,672 | 7,968 | 5,792 | 15,550 | 13,163 | 10,893 |
| 56-60 | 6,305 | 6,739 | 4,139 | 10,075 | 7,241 | 4,919 | 9,571 | 7,054 | 11,477 | 8,838 | 6,074 | 13,108 | 9,782 | 7,105 | 19,095 | 16,159 | 13,368 |
| 61-65 | 7,902 | 8,443 | 5,183 | 12,619 | 9,067 | 6,156 | 11,985 | 8,830 | 14,372 | 11,064 | 7,599 | 16,415 | 12,245 | 8,889 | 23,908 | 20,227 | 16,728 |
| 66-70 | 9,088 | 9,708 | 5,958 | 14,509 | 10,422 | 7,074 | 13,778 | 10,149 | 16,522 | 12,716 | 8,731 | 18,870 | 14,073 | 10,213 | 27,482 | 23,248 | 19,223 |
| More than 70 | 10,827 | 11,562 | 7,095 | 17,279 | 12,410 | 8,420 | 16,406 | 12,082 | 19,674 | 15,139 | 10,390 | 22,470 | 16,754 | 12,155 | 32,721 | 27,677 | 22,881 |

| FAMILY SIZE: 2 MEMBER | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Sum Insured (in INR) | 300000 | 500000 | | 1000000 | | | 1500000 | | 2000000 | | | 2500000 | | | 5000000 | | |
| Age/ deduc-tible | 200000 | 200000 | 300000 | 200000 | 300000 | 500000 | 300000 | 500000 | 300000 | 500000 | 1000000 | 300000 | 500000 | 1000000 | 300000 | 500000 | 1000000 |
| 21-25 | 3,469 | 3,701 | 2,303 | 5,387 | 3,873 | 2,651 | 5,047 | 3,728 | 6,009 | 4,629 | 3,194 | 6,834 | 5,111 | 3,719 | 9,877 | 8,349 | 6,900 |
| 26-30 | 3,832 | 4,087 | 2,542 | 5,947 | 4,274 | 2,923 | 5,569 | 4,111 | 6,631 | 5,105 | 3,519 | 7,542 | 5,637 | 4,098 | 10,897 | 9,208 | 7,606 |
| 31-35 | 4,049 | 4,317 | 2,684 | 6,282 | 4,512 | 3,085 | 5,881 | 4,340 | 7,002 | 5,390 | 3,713 | 7,964 | 5,950 | 4,324 | 11,505 | 9,720 | 8,027 |
| 36-40 | 4,613 | 4,915 | 3,053 | 7,150 | 5,133 | 3,506 | 6,691 | 4,934 | 7,967 | 6,129 | 4,218 | 9,061 | 6,766 | 4,912 | 13,087 | 11,051 | 9,122 |
| 41-45 | 4,768 | 5,107 | 3,146 | 7,641 | 5,503 | 3,751 | 7,269 | 5,371 | 8,716 | 6,725 | 4,640 | 9,956 | 7,446 | 5,426 | 14,516 | 12,301 | 10,195 |
| 46-50 | 6,319 | 6,761 | 4,159 | 10,112 | 7,276 | 4,952 | 9,613 | 7,095 | 11,527 | 8,886 | 6,120 | 13,166 | 9,837 | 7,158 | 19,189 | 16,251 | 13,457 |
| 51-55 | 8,200 | 8,768 | 5,389 | 13,110 | 9,427 | 6,409 | 12,458 | 9,187 | 14,939 | 11,508 | 7,916 | 17,062 | 12,739 | 9,259 | 24,860 | 21,044 | 17,416 |
| 56-60 | 10,081 | 10,775 | 6,618 | 16,107 | 11,577 | 7,865 | 15,301 | 11,278 | 18,348 | 14,130 | 9,711 | 20,956 | 15,639 | 11,360 | 30,528 | 25,834 | 21,373 |
| 61-65 | 12,634 | 13,498 | 8,287 | 20,175 | 14,495 | 9,842 | 19,161 | 14,117 | 22,978 | 17,688 | 12,149 | 26,243 | 19,576 | 14,211 | 38,223 | 32,339 | 26,745 |
| 66-70 | 14,530 | 15,520 | 9,526 | 23,196 | 16,663 | 11,310 | 22,027 | 16,225 | 26,415 | 20,330 | 13,958 | 30,169 | 22,500 | 16,329 | 43,937 | 37,168 | 30,734 |
| More than 70 | 17,309 | 18,485 | 11,342 | 27,625 | 19,840 | 13,462 | 26,229 | 19,315 | 31,454 | 24,204 | 16,611 | 35,924 | 26,786 | 19,432 | 52,313 | 44,248 | 36,581 |

| FAMILY SIZE: 3 MEMBER | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Sum Insured (in INR) | 300000 | 500000 | | 1000000 | | | 1500000 | | 2000000 | | | 2500000 | | | 5000000 | | |
| Age/ deduc-tible | 200000 | 200000 | 300000 | 200000 | 300000 | 500000 | 300000 | 500000 | 300000 | 500000 | 1000000 | 300000 | 500000 | 1000000 | 300000 | 500000 | 1000000 |
| 21-25 | 4,256 | 4,550 | 2,826 | 6,679 | 4,808 | 3,291 | 6,289 | 4,650 | 7,504 | 5,788 | 3,999 | 8,546 | 6,397 | 4,663 | 12,389 | 10,485 | 8,679 |
| 26-30 | 4,572 | 4,885 | 3,033 | 7,166 | 5,156 | 3,527 | 6,744 | 4,983 | 8,045 | 6,202 | 4,282 | 9,161 | 6,854 | 4,992 | 13,275 | 11,232 | 9,293 |
| 31-35 | 4,761 | 5,085 | 3,157 | 7,457 | 5,364 | 3,668 | 7,015 | 5,182 | 8,368 | 6,449 | 4,451 | 9,528 | 7,127 | 5,189 | 13,804 | 11,677 | 9,659 |
| 36-40 | 5,251 | 5,605 | 3,478 | 8,212 | 5,904 | 4,035 | 7,719 | 5,699 | 9,207 | 7,092 | 4,889 | 10,482 | 7,836 | 5,700 | 15,179 | 12,835 | 10,611 |
| 41-45 | 5,654 | 6,050 | 3,737 | 8,987 | 6,469 | 4,415 | 8,515 | 6,291 | 10,192 | 7,860 | 5,423 | 11,628 | 8,697 | 6,336 | 16,917 | 14,326 | 11,865 |
| 46-50 | 7,161 | 7,656 | 4,722 | 11,379 | 8,185 | 5,577 | 10,781 | 7,957 | 12,907 | 9,947 | 6,852 | 14,728 | 11,005 | 8,006 | 21,424 | 18,134 | 15,009 |
| 51-55 | 8,891 | 9,502 | 5,853 | 14,131 | 10,159 | 6,914 | 13,390 | 9,876 | 16,035 | 12,351 | 8,498 | 18,299 | 13,664 | 9,932 | 26,620 | 22,525 | 18,635 |
| 56-60 | 10,527 | 11,246 | 6,922 | 16,737 | 12,029 | 8,180 | 15,862 | 11,694 | 19,000 | 14,630 | 10,059 | 21,686 | 16,186 | 11,758 | 31,549 | 26,691 | 22,075 |
| 61-65 | 12,992 | 13,874 | 8,534 | 20,653 | 14,837 | 10,083 | 19,571 | 14,421 | 23,445 | 18,046 | 12,398 | 26,760 | 19,965 | 14,494 | 38,928 | 32,926 | 27,222 |
| 66-70 | 14,708 | 15,717 | 9,651 | 23,493 | 16,882 | 11,466 | 22,315 | 16,444 | 26,759 | 20,603 | 14,155 | 30,563 | 22,803 | 16,558 | 44,518 | 37,669 | 31,158 |
| More than 70 | 17,799 | 19,014 | 11,671 | 28,418 | 20,416 | 13,859 | 26,988 | 19,881 | 32,363 | 24,911 | 17,106 | 36,963 | 27,569 | 20,010 | 53,834 | 45,543 | 37,661 |


CIN: U66010PN2000PLC015329, UIN: BAJHLIP23069V032223

| FAMILY SIZE: 4 MEMBER | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Sum Insured (in INR) | 300000 | 500000 | | 1000000 | | | 1500000 | | 2000000 | | | 2500000 | | | 5000000 | | |
| Age/ deduc-tible | 200000 | 200000 | 300000 | 200000 | 300000 | 500000 | 300000 | 500000 | 300000 | 500000 | 1000000 | 300000 | 500000 | 1000000 | 300000 | 500000 | 1000000 |
| 21-25 | 5,010 | 5,361 | 3,326 | 7,906 | 5,695 | 3,899 | 7,466 | 5,523 | 8,918 | 6,882 | 4,759 | 10,163 | 7,610 | 5,553 | 14,756 | 12,498 | 10,354 |
| 26-30 | 5,298 | 5,667 | 3,515 | 8,350 | 6,013 | 4,114 | 7,880 | 5,827 | 9,411 | 7,260 | 5,017 | 10,724 | 8,027 | 5,853 | 15,565 | 13,178 | 10,914 |
| 31-35 | 5,470 | 5,849 | 3,628 | 8,615 | 6,202 | 4,242 | 8,127 | 6,008 | 9,705 | 7,485 | 5,171 | 11,058 | 8,276 | 6,032 | 16,047 | 13,584 | 11,247 |
| 36-40 | 5,917 | 6,324 | 3,921 | 9,303 | 6,694 | 4,576 | 8,769 | 6,479 | 10,470 | 8,071 | 5,571 | 11,928 | 8,922 | 6,498 | 17,300 | 14,640 | 12,115 |
| 41-45 | 6,284 | 6,729 | 4,157 | 10,010 | 7,210 | 4,923 | 9,495 | 7,018 | 11,368 | 8,772 | 6,057 | 12,973 | 9,707 | 7,078 | 18,884 | 15,999 | 13,258 |
| 46-50 | 7,902 | 8,446 | 5,217 | 12,508 | 8,996 | 6,134 | 11,828 | 8,731 | 14,147 | 10,902 | 7,512 | 16,134 | 12,057 | 8,772 | 23,444 | 19,839 | 16,416 |
| 51-55 | 9,710 | 10,372 | 6,399 | 15,371 | 11,049 | 7,525 | 14,537 | 10,722 | 17,392 | 13,395 | 9,218 | 19,837 | 14,814 | 10,768 | 28,825 | 24,385 | 20,168 |
| 56-60 | 11,200 | 11,962 | 7,373 | 17,746 | 12,753 | 8,680 | 16,790 | 12,380 | 20,095 | 15,472 | 10,641 | 22,924 | 17,113 | 12,432 | 33,318 | 28,182 | 23,304 |
| 61-65 | 13,671 | 14,595 | 8,989 | 21,660 | 15,559 | 10,581 | 20,492 | 15,101 | 24,529 | 18,879 | 12,973 | 27,984 | 20,880 | 15,159 | 40,671 | 34,393 | 28,430 |
| 66-70 | 15,236 | 16,275 | 10,008 | 24,249 | 17,424 | 11,841 | 22,993 | 16,945 | 27,550 | 21,210 | 14,575 | 31,451 | 23,468 | 17,041 | 45,767 | 38,717 | 32,017 |
| More than 70 | 18,115 | 19,356 | 11,886 | 28,933 | 20,791 | 14,120 | 27,482 | 20,251 | 32,956 | 25,373 | 17,432 | 37,640 | 28,082 | 20,391 | 54,825 | 46,390 | 38,370 |

| FAMILY SIZE: 5 MEMBER | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Sum Insured (in INR) | 300000 | 500000 | | 1000000 | | | 1500000 | | 2000000 | | | 2500000 | | | 5000000 | | |
| Age/ deduc-tible | 200000 | 200000 | 300000 | 200000 | 300000 | 500000 | 300000 | 500000 | 300000 | 500000 | 1000000 | 300000 | 500000 | 1000000 | 300000 | 500000 | 1000000 |
| 21-25 | 5,768 | 6,177 | 3,830 | 9,136 | 6,584 | 4,507 | 8,642 | 6,395 | 10,330 | 7,975 | 5,517 | 11,777 | 8,822 | 6,440 | 17,118 | 14,504 | 12,022 |
| 26-30 | 6,039 | 6,465 | 4,007 | 9,553 | 6,882 | 4,709 | 9,031 | 6,680 | 10,793 | 8,330 | 5,760 | 12,304 | 9,214 | 6,723 | 17,877 | 15,143 | 12,548 |
| 31-35 | 6,200 | 6,636 | 4,113 | 9,802 | 7,060 | 4,830 | 9,263 | 6,851 | 11,069 | 8,542 | 5,904 | 12,618 | 9,447 | 6,891 | 18,330 | 15,525 | 12,861 |
| 36-40 | 6,620 | 7,081 | 4,388 | 10,449 | 7,523 | 5,144 | 9,866 | 7,293 | 11,788 | 9,093 | 6,280 | 13,435 | 10,054 | 7,329 | 19,508 | 16,516 | 13,677 |
| 41-45 | 6,966 | 7,462 | 4,610 | 11,112 | 8,007 | 5,469 | 10,548 | 7,800 | 12,632 | 9,751 | 6,737 | 14,417 | 10,792 | 7,873 | 20,996 | 17,793 | 14,751 |
| 46-50 | 8,486 | 9,075 | 5,606 | 13,459 | 9,685 | 6,607 | 12,740 | 9,409 | 15,243 | 11,752 | 8,103 | 17,387 | 13,000 | 9,465 | 25,280 | 21,401 | 17,718 |
| 51-55 | 10,549 | 11,266 | 6,958 | 16,656 | 11,972 | 8,158 | 15,731 | 11,604 | 18,809 | 14,485 | 9,971 | 21,445 | 16,017 | 11,642 | 31,139 | 26,338 | 21,780 |
| 56-60 | 11,950 | 12,760 | 7,874 | 18,887 | 13,573 | 9,243 | 17,848 | 13,162 | 21,348 | 16,437 | 11,308 | 24,345 | 18,177 | 13,206 | 35,360 | 29,906 | 24,726 |
| 61-65 | 14,352 | 15,319 | 9,444 | 22,688 | 16,298 | 11,089 | 21,442 | 15,804 | 25,652 | 19,744 | 13,571 | 29,256 | 21,833 | 15,852 | 42,495 | 35,932 | 29,699 |
| 66-70 | 15,822 | 16,897 | 10,402 | 25,121 | 18,050 | 12,274 | 23,792 | 17,536 | 28,491 | 21,933 | 15,076 | 32,513 | 24,263 | 17,620 | 47,282 | 39,994 | 33,069 |
| More than 70 | 18,736 | 20,015 | 12,304 | 29,845 | 21,445 | 14,571 | 28,310 | 20,863 | 33,928 | 26,120 | 17,948 | 38,736 | 28,902 | 20,987 | 56,381 | 47,698 | 39,446 |

| FAMILY SIZE: 6 MEMBER | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Sum Insured (in INR) | 300000 | 500000 | | 1000000 | | | 1500000 | | 2000000 | | | 2500000 | | | 5000000 | | |
| Age/ deduc-tible | 200000 | 200000 | 300000 | 200000 | 300000 | 500000 | 300000 | 500000 | 300000 | 500000 | 1000000 | 300000 | 500000 | 1000000 | 300000 | 500000 | 1000000 |
| 21-25 | 6,544 | 7,011 | 4,345 | 10,389 | 7,490 | 5,127 | 9,839 | 7,283 | 11,767 | 9,087 | 6,289 | 13,419 | 10,054 | 7,343 | 19,518 | 16,543 | 13,717 |
| 26-30 | 6,803 | 7,286 | 4,515 | 10,789 | 7,775 | 5,321 | 10,212 | 7,556 | 12,211 | 9,427 | 6,521 | 13,924 | 10,429 | 7,613 | 20,246 | 17,155 | 14,221 |
| 31-35 | 6,958 | 7,451 | 4,616 | 11,027 | 7,946 | 5,436 | 10,434 | 7,719 | 12,475 | 9,630 | 6,659 | 14,225 | 10,653 | 7,774 | 20,680 | 17,521 | 14,521 |
| 36-40 | 7,360 | 7,877 | 4,880 | 11,647 | 8,389 | 5,737 | 11,013 | 8,143 | 13,164 | 10,158 | 7,020 | 15,008 | 11,235 | 8,194 | 21,808 | 18,471 | 15,302 |
| 41-45 | 7,691 | 8,242 | 5,092 | 12,283 | 8,853 | 6,049 | 11,666 | 8,629 | 13,972 | 10,788 | 7,458 | 15,949 | 11,942 | 8,715 | 23,234 | 19,694 | 16,331 |
| 46-50 | 9,147 | 9,788 | 6,047 | 14,531 | 10,461 | 7,139 | 13,766 | 10,170 | 16,474 | 12,705 | 8,766 | 18,794 | 14,057 | 10,241 | 27,338 | 23,151 | 19,174 |
| 51-55 | 11,345 | 12,114 | 7,488 | 17,880 | 12,852 | 8,762 | 16,872 | 12,448 | 20,165 | 15,530 | 10,692 | 22,985 | 17,169 | 12,481 | 33,358 | 28,213 | 23,329 |
| 56-60 | 12,687 | 13,546 | 8,365 | 20,018 | 14,386 | 9,801 | 18,901 | 13,940 | 22,597 | 17,400 | 11,973 | 25,763 | 19,238 | 13,980 | 37,402 | 31,631 | 26,152 |
| 61-65 | 14,988 | 15,998 | 9,870 | 23,660 | 16,997 | 11,570 | 22,344 | 16,471 | 26,721 | 20,568 | 14,141 | 30,469 | 22,741 | 16,514 | 44,238 | 37,405 | 30,916 |
| 66-70 | 16,526 | 17,647 | 10,873 | 26,190 | 18,818 | 12,802 | 24,782 | 18,268 | 29,663 | 22,836 | 15,699 | 33,841 | 25,258 | 18,344 | 49,189 | 41,603 | 34,397 |
| More than 70 | 19,396 | 20,717 | 12,746 | 30,836 | 22,156 | 15,061 | 29,222 | 21,537 | 35,020 | 26,948 | 18,520 | 39,996 | 29,822 | 21,650 | 58,244 | 49,264 | 40,728 |

AIR AMBULANCE COVER

| Base Sum Insured (in INR) | Air Ambulance Sum Insured (in INR) | Premium Amount in INR (Premiums are exclusive of GST) | | | | | |
|---|---|---|---|---|---|---|---|
| | | Family Size 1 | Family Size 2 | Family Size 3 | Family Size 4 | Family Size 5 | Family Size 6 |
| 300000 | 200000 | 77 | 123 | 142 | 159 | 176 | 195 |
| 500000 | 500000 | 192 | 307 | 356 | 397 | 441 | 488 |
| 1000000 | 500000 | 192 | 307 | 356 | 397 | 441 | 488 |
| 1500000 | 1000000 | 385 | 615 | 712 | 794 | 882 | 976 |
| 2000000 | 1000000 | 385 | 615 | 712 | 794 | 882 | 976 |
| 2500000 | 1000000 | 385 | 615 | 712 | 794 | 882 | 976 |
| 5000000 | 1000000 | 385 | 615 | 712 | 794 | 882 | 976 |

## WHAT WOULD BE THE PROCESS IN CASE OF A CLAIM?

All Claims will be settled by In house claims settlement team of the company and no TPA is engaged.

a. **Cashless Claims Procedure:**

Cashless treatment is only available at a Network Hospital. In order to avail cashless treatment, following procedure must be followed by You.

i. Prior to taking treatment and/or incurring Medical Expenses at a Network Hospital, You must call Us and request pre- authorization by way of the written form We will provide. Waiver of this condition shall be considered in case of emergency hospitalisation arising out of accidental bodily injury.

In the event of :

- Planned Hospitalization- Insured member should intimate such admission at least 72 hours prior to the planned admission.
- Emergency Hospitalization- Insured member or his representative should intimate such admission within 24 hours of such admission


CIN: U66010PN2000PLC015329, UIN: BAJHLIP23069V032223

ii. After considering Your request and after obtaining any further information or documentation we have sought, We may if satisfied send You or the Network Hospital, a pre- authorization letter. The pre- authorization letter, the ID card issued to You along with this Policy and any other information or documentation that We have specified must be produced to the Network Hospital identified in the pre-authorization letter at the time of Your admission to the same.

iii. If the procedure above is followed, You will not be required to directly pay for the Medical Expenses above the Aggregate deductible in the Network Hospital that We are liable to indemnify under the policy and the original bills and evidence of treatment in respect of the same shall be left with the Network Hospital. Pre-authorization does not guarantee that all costs and expenses will be covered. We reserve the right to review each claim for Medical Expenses and accordingly coverage will be determined according to the terms and conditions of this Policy. You shall, in any event, be required to settle all other expenses directly.

b. Reimbursement Claim Procedure

If pre-authorization under Cashless Claim Procedure mentioned above is denied by Us or if treatment is taken in a Hospital other than a Network Hospital or if You do not wish to avail cashless facility, then following procedure must be followed by You:

i. You or someone claiming on Your behalf must inform Us in writing immediately within 48 hours of hospitalisation in case of emergency hospitalisation and 48 hours prior to hospitalisation in case of planned hospitalisation

ii. You must immediately consult a Doctor and follow the advice and treatment that he recommends.

iii. You must take steps or measure to minimize the quantum of any claim that may be made under this Policy.

iv. You must have Yourself examined by Our medical advisors if We ask for this, at the insurers cost.

v. You or someone claiming on Your behalf must promptly and in any event within 30 days of discharge from a Hospital give Us the documentation.

vi. In the event of the death of the insured person, someone claiming on his behalf must inform Us in writing immediately and send Us a copy of the post mortem report (if any) within 30 days.

vii. We shall not indemnify you for any period of hospitalisation of less than 24 hrs, except for Day Care Procedures.

viii. We shall make claim payment in Indian Rupees only.

ix. In event of a claim, the original documents to be submitted & after the completion of the claims assessment process the original documents may be returned if requested by the insured in writing, however we will retain the Xerox copies of the claim documents.

*Note: Waiver of conditions (i), (v) and (vi) may be considered where it is proved to the satisfaction of the Company that under the circumstances in which the insured was placed it was not possible from him or any other person to give notice or file claimwithin the prescribed time limit.

Documents to be submitted for Claims

1. First Consultation letter from the Doctor
2. Duly completed claim form and NEFT Form signed by the Claimant
3. Original Hospital Discharge Card
4. Original Hospital Bill giving detailed break up of all expense heads mentioned in the bill. Clear break ups have to be mentioned for OT Charges, Doctor's Consultation and Visit Charges, OT Consumables, Transfusions, Room Rent, etc.
5. Original Money Receipt, duly signed with a Revenue Stamp
6. All original Laboratory and Diagnostic Test Reports. E.g. X-Ray, E.C.G, USG, MRI Scan, Haemogram etc.
7. In case of a Cataract Operation, IOL Sticker will have to be enclosed
8. Claim settlement letter from any other insurer (if any) in case of partial settlement
9. In cases of suspected fraud / misrepresentation, we may call for any additional document(s) in addition to the documents listed above.

10. Aaadhar card & PAN card Copies (Not mandatory if the same is linked with the policy while issuance or in previous claim)

List of Claim Document Specific to Air Ambulance Cover (if Opted)

1. Duly completed claim form signed by the Claimant
2. Original bills and receipts paid for the transportation from Registered Ambulance Service Provider
3. In cases of suspected fraud / misrepresentation, we may call for any additional document(s) in addition to the documents listed above.

All documents related to claims should be submitted to:

Health Administration Team

Bajaj Allianz General Insurance Co. Ltd

2nd Floor, Bajaj Finserv Building

Viman Nagar, Pune 411014
Toll Free no: 1800 209 5858

c. Paying a Claim

i. You agree that We need only make payment when You or someone claiming on Your behalf has provided Us with necessary documentation and information.

ii. If the insurer, for any reasons decides to reject the claim under the policy the reasons regarding the rejection shall be communicated to the insured in writing within 30 days of the receipt of documents. The insured may take recourse to the Grievance Redressal procedure.

## HOW DO I BUY THIS POLICY?

1. Discuss the policy benefits, coverage and premium details with your insurance advisor or visit our website (www.bajajallianz.com) for details
2. Actively seek information on the charges and exclusions under the policy
3. Fill the proposal form stating your personal details and health profile
4. Ensure that the information given in the form is complete and accurate
5. The Policy Schedule, Policy Wordings, Cashless Cards and Health Guide will be sent to your mailing address mentioned on the proposal form

Contact:

Health Administration Team,

Bajaj Allianz General Insurance Co. Ltd.

2nd floor, Bajaj Finserv Building, Behind Weikfield IT Park, Off Nagar Road,Viman Nagar-Pune - 411 014.

For sales and Renewal-1800- 209- 0144

For service-1800- 209- 5858 / 1800- 102- 5858 / 020-30305858

Cashless facility offered through network hospitals of Bajaj Allianz only.Cashless facility at 5500+ Network hospitals PAN India.

Please visit our website for list of network hospitals and network Diagnostic Centers , Website: www.bajajallianz.com or get in touch with 24*7 helpline number: 1800-103-2529 (toll free) / 020-30305858

Grievance Redressal Cell for Senior Citizens

Senior Citizen Cellfor Insured Person who are Senior Citizens

'Good things come with time' and so for our customers who are above 60 years of age we have created special cell to address any health insurance related query. Our senior citizen customers can reach us through the below dedicated channels to enable us to service them promptly

Health toll free number: 1800-103-2529

Exclusive Email address:bagichelp@bajajallianz.co.in, seniorcitizen@bajajallianz.co.in

## SECTION 41 OF INSURANCE ACT 1938 AS AMENDED BY INSURANCE LAWS AMENDMENT ACT, 2015 (PROHIBITION OF REBATES)

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 lives 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 prospectuses or tables of the insurers. Any person making default in complying with the provision of this section shall be liable for a penalty which may extend to 10 lakh rupees.

**Benefit Illustration in respect of Policies offered on Floater basis**

| Age of the members to be insured | Coverage opted on Individual Basis covering each member of the family separately (at a single point in time) | | Coverage opted on individual basis covering multiple members of the family under as single policy (Sum Insured is available for each member of the family) | | | | Coverage opted on floater basis with overall Sum Insured (Only one sum insured is available for the entire family) | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Premium | Sum Insured/ Deductible | Premium | Discount | Premium after discount | Sum Insured/ Deductible | Premium or consolidated premium for all members of family | Floater discount if any | Premium after discount | Sum Insured/ Deductible |
| 55 | NA | NA | NA | NA | NA | NA | 7,525 | NA | | 1,000,000/500,000 |
| 50 | NA | NA | NA | NA | NA | NA | | | | |
| 20 | NA | NA | NA | NA | NA | NA | | | | |
| 18 | NA | NA | NA | NA | NA | NA | | | | |
| NA | | | NA | | | | Total premium when policy is opted on floater basis is Rs **7,525** (No discount applicable) | | | |
| NA | | | NA | | | | Sum Insured/Deductible of Rs 1,000,000/500,000 is available for the entire family | | | |
| Note: Premium rates specified in the above illustration shall be standard premium rates without considering any loading. Also, the premium rates shall be exclusive of taxes applicable. | | | | | | | | | | |

BAJAJ ALLIANZ GENERAL INSURANCE CO. LTD.
BAJAJ ALLIANZ HOUSE, AIRPORT ROAD, YERAWADA, PUNE - 411006.
IRDAI REG NO.: 113.

FOR ANY QUERY (TOLL FREE)
1800-209-0144 /1800-209-5858

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